

Funding Opportunity

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

H A H S T A



Psychosocial Support Services for Transgender Persons Living with HIV/AIDS in the DC EMA

RFA #HAHSTA_RWPS073115

Request for Applications (RFA)

***Application Due Date: August 31, 2015 by
4:45 p.m.***

No Late Applications will be accepted

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 for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement.



Department of Health
HIV/AIDS, HEPATITIS, STD & TB ADMINISTRATION
NOTICE OF FUNDING AVAILABILITY
RFA #HAHSTA_RWPS073115

Psychosocial Support Services for Transgender Persons Living with HIV/AIDS

The Government of the District of Columbia, Department of Health, HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) is soliciting applications from qualified applicants to provide psychosocial support services to indigent, uninsured and under-insured transgender persons who are living with HIV/AIDS in the District of Columbia Eligible Metropolitan Area (EMA).¹

Approximately **\$90,000** is expected to become available for up to two awards. Funds are made available through a grant received from the U.S. Department of Health and Human Resources, Health Resources and Services Administration, (H89HA00012) and authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009.² All awards are contingent upon the continued availability of funds.

All providers must be located in the EMA. Eligible applicants are public or nonprofit private entities or private for-profit entities (only if evidence is provided that the providers are the only organization able to provide the requested service).

Psychosocial Support Services are support and counseling activities offered via support groups for transgender individuals living with HIV in the DC EMA. Support group services can be led or co-led by peer-facilitators. Services will be provided to individuals to help them successfully deal with the daily stressors of life that may impact their engagement with medical care.

Programs are expected to begin on or about October 1, 2015 for a period of five months.³ Funding for one option year may be available based on performance and funding availability.

The Request for Application (RFA) **release date is Friday, July 31, 2015**. The RFA will be available on the Office of Partnerships and Grant Services, District Grants Clearinghouse website, <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse>. It will also be available for pick up at the HAHSTA offices located at 899 North Capitol Street NE, 4th floor. **Government-issued identification is required for access.**

The Pre-Application Conference will be held on **Wednesday, August 5, 2015 from 10:00 am – 12:00 pm** at 899 North Capitol St. NE, 4th floor, Washington, DC.

The submission deadline for RFA #HAHSTA_RWPS073115 is 4:45 pm Monday, August 31, 2015. Proposals not delivered by this deadline will not be considered for funding. Please contact **T’Wana Holmes at (202) 671-4900** for additional information.

¹ The EMA is comprised of the District of Columbia, Suburban Maryland, Northern Virginia and Jefferson and Berkeley counties in West Virginia.

² Pub. L. No. 111-87, 123 Stat. 2885.

³ Funding for the first year will be prorated to the five-month period.

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.

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I. Overview

Ryan White HIV/AIDS Treatment Extension Act of 2009

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (CARE Act) is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. The legislation is available for viewing and download at <http://hab.hrsa.gov/abouthab/legislation.html>.⁴

The purpose of the CARE Act is to create and maintain a system of services that achieves improved health status outcomes for people with HIV/AIDS. The Metropolitan Washington Regional Ryan White Planning Council has adopted a comprehensive service delivery plan for the Washington Eligible Metropolitan Area (EMA) and has established funding priorities for services to be supported by CARE Act Part A funds in each of the four jurisdictions of the EMA.

This Request for Application (RFA) will result in sub-grants for services that will be funded by Part A of the CARE Act.

Purpose of this Request for Applications (RFA)

The purpose of the RFA is to solicit applications from qualified applicants to provide Psychosocial Support Services to indigent⁵, uninsured and under-insured transgender persons who are HIV-infected and affected in the District of Columbia.

For the purposes of this RFA, psychosocial support services is a service under which providers offer support and counseling activities offered via groups for transgender individuals living with HIV in the EMA.⁶ Support group services can be led or co-led by peer-facilitators. Applicants for this service category may be located in any part of the EMA.

Specific information on the services eligible and expected are included in the description of the service category on page 23.

Successful applicants must establish, document, and maintain formal relationships with their primary referral and linkage sources (e.g. emergency rooms, substance abuse

⁴ Pub. L. No. 111-87, 123 Stat. 2885.

⁵ The Planning Council defines “Indigent” as individuals with incomes at or below 500% of the Federal Poverty Guidelines released by the U.S. Department of Health and Human Services, available at: <http://aspe.hhs.gov/poverty/15poverty.cfm>.

⁶ The EMA is comprised of all of Washington, DC; Northern Virginia (Counties: Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Prince William, Stafford, and Warren); Suburban Maryland (Counties: Calvert, Charles, Frederick, Montgomery, and Prince Georges); and West Virginia (Counties: Berkeley and Jefferson).

treatment programs, detoxification centers, adult detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, homeless shelters, drop-in centers, and other entities) serving HIV-positive transgender individuals. A “linkage” is defined by HAHSTA as more than just a referral. It requires the meaningful and routine interchange and exchange of patient treatment information between providers of core and support services for the purpose of ensuring desirable health outcomes for the client.

Moreover, successful applicants will be monitored and evaluated by HAHSTA according to their scope of work, approved budgets and related service delivery standards.

Overall, the RFA’s primary goal is to fund psychosocial support services that will enhance a system of care for HIV infected and affected clients that:

- Enrolls clients into care;
- Retains clients in care;
- Recaptures clients that have fallen out of care;
- Improves health outcomes; and
- Improves quality of life.

Target Population

The target population for this RFA is indigent, uninsured, and under-insured transgender persons living with HIV in the EMA.

Service Delivery / Continuum of Care

No single set of services can effectively address the needs of the wide range of races, ethnicities, gender identities, risk behaviors, clinical statuses and service expectations of all clients. An effective service delivery system establishes and maintains a coordinated system of all required care and support services – a continuum of care.

An effective continuum of care is characterized by a full complement of client-focused, culturally competent and multi-directional interventions. The service delivery system model will include coordination, collaboration, comprehensiveness, co-location, cultural competency and chronic care. Client access, enrollment and retention in outpatient/ambulatory medical care are central to the healthcare delivery system. As such, it is a system that is flexible, with multiple points of entry, and yet must ensure that the many services delivered to clients contribute to improving health outcomes.

The continuum of care is designed for flexibility, accounting for the many varied ways in which clients experience the service needs. This flexibility will increase the likelihood that all eligible people with HIV, including the newly diagnosed, historically underserved and disproportionately impacted populations and hard-to-serve individuals will

effectively be served. Further, a special emphasis has been placed on newly enrolling and then retaining in care those clients who are aware of their HIV status but not in care, and recapturing those clients out of care for six months or more.

HAHSTA supports a continuum of care that is comprised of an HIV/AIDS primary health care system complemented with essential supportive services. Core medical services include: outpatient/ambulatory medical care, HIV/AIDS medication assistance, oral health care, early intervention services, health insurance premium and cost sharing, home health care, home and community-based health services, hospice services, mental health services, medical nutrition therapy, medical case management and substance abuse services. Supportive services include: food bank and home delivered meals, emergency financial assistance, medical transportation services, outreach services, and more.

Applicants should demonstrate how the services they provide will expand, enhance, support and facilitate clients' connection to primary care. The applicant can accomplish this through memorandums of understanding/agreement with providers to assure participation in a continuum of care for access and retention in care.

Available Funding

Funds detailed in this RFA will be awarded upon the continued availability of funds to the District of Columbia Department of Health (DOH). Funding is available for up to two awards.

Service Category	Funding Source	Expected Available Funds
Psychosocial Support Services	Ryan White Treatment Extension Act of 2009 – Part A (HIV Emergency Relief)	\$90,000

Period of Funding

Grants supported by funds awarded under this RFA are expected to begin on October 1, 2015 and end February 29, 2016.⁷

Dependent upon a successful performance review and rating by DOH, compliance with reporting requirements and the availability of funds, the grant may be extended for one optional year at the end of the initial grant period. The option year, if granted, will begin on March 1, 2016 and end on February 28, 2017.

⁷ The award will be prorated for the initial five-month period.

Eligible Applicants

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

- Not-for-profit health and support service providers, including universities.
- Government-operated health facilities, which are located within and provide service in the designated service area.
- For-profit health and support service providers may be funded if evidence is provided that they are the only organization able to provide the service.

Location of Services

Service providers must be located in the EMA. Applicants are responsible for documenting the availability of locations proposed. Locations that are not under the control of the applicant will be documented in the Appendix with a letter of intent to enter into a memorandum of understanding/agreement or other formal communication between the applicant and the entity that has control of the site.

Preference will be given to proposals for services located in the same geographic area as the clients proposed to be served. Organizations may propose to provide services in a part of the EMA in which they have no service delivery site, but should take care to demonstrate that their particular proposed program offers clear and significant benefits and services that might otherwise not be available to clients who live in the area proposed to be served.

Monitoring, Evaluation and Quality Improvement

Successful applicants shall have a plan for Evaluation, Monitoring and Quality Improvement that includes a continuous quality improvement system and an implementation work plan to monitor and evaluate the delivery of all services, to ensure that identified deficiencies are addressed.

Successful applicants shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting.

Successful applicants shall adhere to all current and newly revised standards and protocols as they become effective. As of the release of this RFA, various standards have been approved and others are in the process of being revised. Specific information regarding the service category standards is listed in each corresponding service category.

1. National Monitoring Standards

All successful applicants are required to meet all responsibilities outlined in the National Monitoring Standard expectations for fiscal, programmatic and universal monitoring of Part A programs. Any sub- grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. Please see the following website for more information:

<http://hab.hrsa.gov/manageyourgrant/granteebasics.html>

2. Monitoring

- a. Successful applicants will be monitored and evaluated in each jurisdiction by HAHSTA according to the scope of work, approved budgets and related service delivery standards.
- b. Successful applicants will be responsible for assuring that all clients receiving services provided through funds detailed in this RFA should sign the appropriate written consent forms.
- c. Successful applicants will have all written policies and procedures applicable to the project, as well as monthly, quarterly, annual program and fiscal reports reviewed by HAHSTA. HAHSTA will conduct site inspections; and hold periodic conferences with the successful applicant to assess performance in meeting the requirements of the grant.

3. Evaluation

The performance of successful applicants shall be assessed to determine the quality of the services delivered. The successful applicants' fiscal performance shall be assessed to determine compliance with accounting standards, Office of Management and Budget Circulars and expenditure requirements. These evaluations may include a pre-award site visit.

4. Quality Management

HRSA's expectation of Ryan White Program grantees with respect to improving the quality of care and establishing quality management programs may be found online at:

<http://hab.hrsa.gov/deliverhivaidscare/qualitycare.html>.

HRSA guidance in selecting the appropriate service- and client-level performance measures is also available online at:

<http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html>; and

<https://careacttarget.org>.

Successful applicants are also required to meet local Quality Management standards and participate in local Quality Management activities as directed by HAHSTA.

Data Collection and Reporting

Successful applicants must be able to track and report unduplicated client-level demographic, clinical/medical, and core and support services data. CAREWare is a HRSA-supported software program, is free and comes with technical assistance. All successful applicants will be required to use CAREWare, or a system that is compatible with CAREWare, to report client-level data. Training and technical assistance on the use and submission of data via CAREWare will be available.

Information about CAREWare, included download instructions, can be obtained at:

<http://hab.hrsa.gov/manageyourgrant/careware.html>.

All providers will be required to submit timely and accurate CAREWare data files to meet reporting requirements, including the Ryan White Services Report (RSR). All providers will be required to collaborate with and share clinical and service information for the purpose of coordinating care. Failure to comply with data

For coordination of care and services purposes, each awardee will have the ability to exchange the data listed below with each partner agency, if applicable. All data exchanges must be secure, consistent with client disclosure authorization protocols as determined by all local and federal laws, including the Health Information Portability and Accountability Act (HIPAA).⁸

II. Program & Administrative Requirements

Program Requirements

1. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964⁹, 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 service funded by the CARE Act.

⁸ Pub. L. No. 104-191, 110 Stat. 1936.

⁹ Pub. L. No. 88-352, 78 Stat. 241.

2. Client Eligibility Criteria

The following criteria must be used by service providers to determine client eligibility for services:

- a. Be a resident of the Eligible Metropolitan Area
- b. Be HIV positive; and
- c. Have an annual gross income no greater than 500% of the Federal Poverty Guidelines.

3. Grievances

- a. Successful applicants shall develop and implement an agency grievance procedure that is sensitive to the needs of the target population. Successful applicants must include a copy of their internal client grievance procedures prior to signing for the grant award.
- b. Successful applicants shall inform clients of their rights and responsibilities, agency and EMA-wide grievance procedures, and services offered by the agency and other available community and CARE Act funded resources.

4. Sliding Fee Scale and Cap on Charges

Successful applicants will use a sliding fee scale for clients accessing services through CARE Act Part A as directed by HAHSTA. The scale will be based on the most current Federal Poverty Guidelines. Sub-grantees will develop and post the sliding fee scale so that it is visible to clients and the general public. The requirements regarding imposition of charges for services are as follows:

- a. Clients with an income less than or equal to 100% of the most current Federal Poverty Guidelines will not pay a fee for the provision of service.
- b. Clients with an income greater than 100% of the most current Federal Poverty Guidelines will be asked to pay a fee for the provision of services and will be charged according to a sliding fee scale.
- c. Clients with an income greater than 100%, but not exceeding 200% of the most current Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding 5% of their annual gross income;
- d. Clients with an income greater than 200%, but not exceeding 300% of the most current Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding 7% of their annual gross income; and
- e. Clients with an income greater than 300% of the most current Federal Poverty Guidelines will not, for any calendar year, pay charges in an amount exceeding 10% of their annual gross income.
- f. The sliding fee scale will be implemented through a nominal fee.

- g. The CARE Act does not require collection of the fee charged to clients.¹⁰

Ryan White services may not be denied to any eligible HIV-positive client seeking services.

All Sliding Fee Scale Policies are subject to review and approval by HAHSTA.

5. Reports

Successful applicants will be required to submit monthly, quarterly, annual and final reports to HAHSTA, to house and manage a client-level data system (CAREWare – See Data Collection and Reporting above), and to participate in all site visits, evaluation and quality assurance activities as required by HAHSTA. All reports contain required information in the format determined by HAHSTA. Reports may include the following:

- Service Utilization by Service Category
- Performance Measures / Quality Improvement
- Client Demographics
- Ryan White Services Report (RSR)
- Programmatic Narrative Information
- Financial Expenditure and Supporting Documentation
- Program Income

6. Records

- a. Successful applicants shall keep accurate documentation of all activities of the project. When delivering services to clients, the awardees must maintain records reflecting initial and periodic assessments (if appropriate), initial and periodic service plans; and the ongoing progress of each client.
- b. Successful applicants shall maintain compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality and security of client information.

Administrative Requirements

1. Staff Requirements

For the purposes of this grant, “staff” is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these Local appropriated funds.

- a. Successful applicants shall maintain documentation that staff possess adequate training and competence to perform the duties which they have been assigned.

¹⁰ 42 U.S.C. § 300ff-15(e) (2009).

- b. Successful applicants shall maintain a complete written job descriptions for all positions funded through the grant, which must be included in the project files and be available for inspection on request. When hiring staff for this grant project, successful applicants shall obtain written documentation of relevant work experience and personal references.
- c. Successful applicants that use individual contracted workers and or individual consultants must have signed and dated written contractual agreements maintained in a contract file.
- d. Successful applicants shall maintain an individual personnel file for each project staff member. Personnel files must be available to the HAHSTA upon request;
- e. Successful applicants shall provide orientation sessions for each staff member with respect to administrative procedures, program goals, and policies and practices to be adhered to under the grant agreement.
- f. Successful applicants shall demonstrate sufficient supervision of staff attached to projects and maintain evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services.

2. Memoranda of Understanding/Agreement (MOU/A) and Subcontracts

- a. MOU and subcontracts must clearly state objectives, goals, mutual obligations and quantifiable outcomes that are consistent with the terms and conditions required by HAHSTA. See Appendix for sample of a MOU/A.
- b. All MOU/A and subcontracts must be signed and dated by both parties within six months prior to the application due date and include an effective term that reflects FY 2016 grant period, that is, through September 30. 2016.
- c. All MOU/A and subcontracts require prior review and approval by HAHSTA.

3. Facility Requirements

a. Regulations

Successful applicants' facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use throughout the term of the grant agreement.

b. Emergency Back-up Site

Successful applicants shall submit the address of the identified emergency site facility for use as a result of a catastrophic event of the primary facility.

c. Handicapped Access

All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act of

1990, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

4. Use of Funds

Successful applicants shall only use grant funds to support food services (food bank and home delivered meals). Funds detailed in this RFA cannot be used to provide cash and/or direct financial assistance to individuals with HIV disease or to fund education and training for clients.

5. Insurance

Successful applicants shall show proof of all insurance coverage required by law. All applicants that receive a Notice of Intent to Award or Letter of Intent to Award under this RFA must meet the insurance requirements in “Grant Terms & Conditions” section within the time frame designated.

6. Audits

Prior to the issuance of a Notice of Grant Award (i.e. Pre-Award), DOH will request that the applicant being considered for funding submit for review a copy of its most recent and complete set of audited or unaudited financial statements (applying the A-133 audit requirement), to include, but not limited to, the organizational budget, income/profit-loss statement, balance sheet and organizational filings to the IRS dating back to 3 years.

At any time before final payment and in accordance to federal, state and local laws thereafter, successful applicants will be required to keep all financial records, as the District of Columbia may have the applicant’s expenditure statements and source documentation audited.

III. Pre-Application Submission Requirements

Pre-application Conference

One Pre-Application Conference will be held for services to be funded under this RFA. It will be held on **August 6, 2015** from 10:00 to 11:30 a.m. in room 442 of the HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) located at 899 North Capitol Street, NE, Fourth Floor, Washington, DC 20002.

Printed copies of the RFA will not be provided. Please bring a copy of the RFA for your use during the conference.

The pre-application conference will provide an overview of the programmatic and submission requirements of the RFA.

Internet

Applicants who received this RFA via the Internet must e-mail T'Wana L. Holmes at twana.holmes@dc.gov with the information listed below. Please be sure to put "RFA Contact Information" in the subject box, including the following information:

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

This information shall be used to notify applicants regarding updates or addenda to this RFA. Any RFA amendments will be posted on the DC Grants Clearinghouse at www.opgs.dc.gov.

Notice of Intent to Apply

A notice of intent to apply (NOI) is not required, but is highly recommended. The applicant should deliver the notice of intent to the HAHSTA using the format provided in Attachment I, no later than 4:45 p.m. on **August 6, 2015**. Please submit only one NOI per organization. NOI to apply will be accepted at the Pre-Application Conference.

Questions Regarding the RFA

Applicants who have questions about the RFA must submit their questions via e-mail to T'Wana L. Holmes at TWana.Holmes@DC.Gov no later than **August 7, 2015 at 4:45** p.m.

HAHSTA will notify all potential applicants in writing of any updates, addenda and responses to frequently asked questions by August 14, 2015.

IV. Application Preparation and Submission

Application Format

- a. Font size: 12-point Times New Roman
- b. Spacing: Double-spaced
- c. Paper size: 8.5 by 11 inches
- d. Page margin size: 1 inch
- e. Numbering: Sequentially from page 1 to the end of the application, including all charts, figures, tables, and Attachments.

- f. Printing: Only on one side of page
- g. Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

Application Elements

Each application is required to contain the following information and should be divided by index tabs that clearly mark each section. Applications must conform to the page requirements by section detailed below. Note that the Attachment D: Client Summary and the Attachment E: Linkages Summary are critical components of the application and will be taken into account during the scoring of all related areas.

All applications are submitted as a package. An application package includes the following elements:

- a. Application Package Table of Contents (Attachment A. Not counted in page total.)
- b. Applicant Profile (Attachment C. Not counted in page total.)
- c. Client Summary (Attachment D. Not counted in page total.)
- d. Linkages Summary (Attachment E. Not counted in page total.)
- e. Table of Contents (1 page)
- f. Abstract (1 page)
- g. Organization Knowledge and Capacity (5 pages)
- h. Project Description (15 pages)
- i. Care and Service Coordination (5 pages)
- j. Monitoring, Evaluation and Quality Improvement (5 pages)
- k. Budget and Budget Narrative (Not counted in page total)
- l. Attachments (Not counted in page total)

The number of pages designated for each section (bulleted items a. – i. above) is the **maximum number of pages permitted per section**. **Applicants should feel free to submit fewer pages than the maximum stated.** Applications exceeding the maximum number of pages for each section will not be forwarded to the review panel for review, scoring and consideration for funding.

Description of Application Elements

Applicants should include all information needed to describe adequately the services they propose to provide. It is important that applications reflect continuity among the

goals and objectives, program design and activities, and that the budget supports the level of effort required for the proposed services.

1. Applicant Profile (Attachment C)

The Applicant Profile (Attachment C) must be affixed to the outside of each application envelope, which identifies the applicant, type of organization, project service category and the amount of grant funds requested. Project service categories or funds not included on this profile may not be considered for review.

2. Application Package Table of Contents (Attachment A)

The checklist is a tool designed to assist applicants with ensuring that they have responded to all sections of the Request for Application.

3. Table of Contents

Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.

4. Abstract

This section of the application should provide a summary overview of the applicant's total grant application including a description of the proposed program and how it will impact primary medical care services, enhance quality of life and sustain clients living with HIV in primary medical care.

5. Organizational Capacity and Experience

- Description of the history of the agency, specifically, the history in providing services to People Living with HIV/AIDS (PLWHA) in the DC EMA. If the applicant has not provided services to PLWHA in the past, describe why it is proposing to serve this population.
- Description of the applicant's organizational structure, such as board of directors, key staff positions, officers, advisory councils/committees. Include a current organizational chart.
- Level of organization's competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.
- Description of how the National HIV/AIDS Strategy (NHAS) has been integrated into the applicant's programs and activities. Provide specific organizational changes, enhancements, and collaborations the agency has implemented to address

components of the NHAS:

<http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>.

6. Program Description

The purpose of this section is to provide a thorough description of the proposed projects and how they will improve health outcomes. Applications rated most highly will include descriptions of programs that effectively reach and serve clients with high need, have a sound technical basis, address known challenges and gaps in services, strive to build stronger results through innovation, and will contribute to the overall quality, scope and impact of the service area response. This section will be reviewed in conjunction with the Client Summary (Attachment D) and Linkages Summary (Attachment E), so direct references to these tables may be included. More specifically, the following elements must be included:

Describe the population to be served

Applications must describe the geographic area where the target population is found, the need for services, the demographic characteristics of the population to be served and the barriers to care experienced by the population to be served, as well as ways in which you will address those barriers.

Describe the proposed services and how they will improve health outcomes.

- Applications must describe with specific detail how your agency will provide services in accordance with the service category definitions and key activities;
- Applications should pay special attention to addressing the issues highlighted in the 'goals and priorities' and 'key activities' sections of the service category. These goals, priorities and activities highlight areas of known technical complexities, service gaps, or frequent challenges. Approaches to addressing these issues are critical;
- Applications must describe how the services will facilitate movement of clients along the continuum from prevention to care: early diagnosis, linkage to medical care and other services, antiretroviral treatment, adherence to medication, retention in medical care, re-engagement in medical care and improved health outcomes;
- Applications must develop goals and objectives for the proposed project that are clearly defined, measurable, time-specific and responsive to service area specific goals and priorities;
- Describe how the proposed activities will impact the following health outcomes: 1) Retention and stability in care over time; 2) Decreased viral load and increased CD4 counts; 4) Fewer hospitalizations; 5) Fewer opportunistic Infections; and 6) Improved quality of life;

- Applications must describe how the agency will determine client eligibility and enroll and maintain clients in care; and
- Applications must describe how the agency will make services accessible by detailing your hours of operation and flexible schedules that provide for evening and weekend hours of operation.

Describe referral sources

The applicant may accept referrals from hospitals, HIV counseling and testing centers, physicians, community organizations, HIV/AIDS service providers, and discharge planners in the correctional system, as well as from individuals seeking services for themselves or on behalf of others.

Describe coordination among agencies

The applicant is responsible for developing linkage agreements with shelters, congregate living facilities, community residential facilities (CRFs), day treatment facilities including, primary care sites, skilled nursing facilities, personal care services, and other potential referral sources for HIV+ persons seeking care.

Describe staff cultural competency

Applicants are advised that all service providers should deliver services in a manner that is culturally and linguistically competent, which includes addressing limited English proficiency (LEP) and health literacy needs of clients. HRSA defines cultural and linguistic competence as “a set of congruent behavior, attitudes, and policies that come together in a system or agency among professionals and enable that system, agency, or those professionals to work efficiently in cross-cultural and linguistically diverse situations.”

Healthcare providers funded by HRSA grants need to be alert to the importance of cross-cultural and language appropriate communications and general health literacy issues. HRSA supports and promotes a unified health communication perspective that addresses cultural competency, limited English proficiency, and health literacy in an integrated approach in order to develop that skills and abilities needed by HRSA-funded providers and staff to deliver the best quality health care effectively to the diverse populations they serve.

For additional information on HHS guidelines on cultural competency, see the Office of Minority Health National Standards on Culturally and Linguistically Appropriate Services (CLAS) at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>.

Describe the services' consistency with the medical care plan

The applicant will provide services consistent with the client's requirements as described in the medical plan of care.

7. Care and Service Coordination

The purpose of this section is to highlight how the applicant will facilitate the movement of clients from early diagnosis to linkage to care and other services; enable their access to antiretroviral treatment; support their adherence to medication and medical care; support their retention in medical care and re-engagement in care if needed, and ultimately contribute to the achievement of improved health outcomes for the clients. Almost no organization can fulfill all of a client's needs themselves.

This section should highlight what the most common needs of your clients are, which ones are met directly, and which are routinely served by partner organizations and show how the services you directly provide feeds into the continuum. Applicants are encouraged to develop clear and routine collaborative relationships with other organizations and fully described the extent to which routine exchange of information and joint clinical management of these clients is achieved. This section will be reviewed in conjunction with Client Summary (Attachment D) and Linkages Summary (Attachment E), so direct references to these tables may be included.

- Describe how your proposed services facilitate the movement of clients along this prevention to care continuum where you fit into the continuum and ultimately contribute to improved health outcomes for clients
- Describe the program linkage, retention and reengagement plan for clients including coordination, referral and follow-up mechanisms, and how the provision of services will support these elements.
- Describe your plan for monitoring and addressing loss-to-care.
- Provide the number and proportion of clients lost to care, and a narrative summary of key issues and demographics.
- Discuss recent (within twelve months) efforts to return client lost to care, as well as the number and proportion of those returned.
- Describe how the organization will provide or collaborate to provide a comprehensive package of care services, internally or through formal partnerships. Provide documentation of coordination and collaboration with other partners/providers.

- Detail how the program will actively interchange and exchange patient treatment information among partners in care of core and support services and designated primary medical care providers and ensure the information is received and acted upon.

8. Monitoring and Evaluation

Describe the organizational systems in place to monitor and evaluate service delivery. Descriptions should include:

- Extent to which organizational systems are in place to monitor and evaluate service delivery; are complete and translate to useful data for reporting and for routine program management and planning; and dedicated well-trained staff members are in place to maintain these activities.
- Data System: Description of how client-level data will be collected and reported. Established electronic medical record (EMR) or alternative data system in place. Soundness and feasibility of plans to improve or expand existing systems that will result in accurate reporting during the grant period. In addition, the organization must explain how it will work with the CARE Act and HAHSTA mandated reporting systems.
- Data Collection, Reporting, and Use: Applicant's ability to collect, report, and utilize required HRSA and HAHSTA client-level data. Description of how data are used within your organization to impact program management and planning.
- Data Security: Description of security and confidentiality policies and procedures; particularly mechanisms for secure and timely data transfer between partners in care.
- Assessment and Use of Outcome measures: Applicant's ability to assess how activities and how data will be used to support enrollment and maintenance in care; coordinate ambulatory outpatient medical care and other services; and contribute or improve positive medical outcomes, including: 1) Retention and stability in care over time; 2) Viral load suppression; 3) Increased CD4 count; 4) Fewer hospitalizations; 5) Fewer opportunistic Infections; and 6) Improved quality of life. If the applicant is unable to assess these factors currently, the extent to which it presents a feasible improvement plan or effectively justifies why these measures are not applicable to the services proposed.

9. Quality Improvement

Describe the following:

- The organization's Quality Management program and consumer advisory activities.
- Procedures for ensuring quality of client-level data, including data completeness and quality assurance activities.

- The organization’s service-area specific Quality Improvement Plan for administrative, programmatic, fiscal and data collection activities, and how the data will be used to improve delivery and quality of services, including those suggested by HRSA.
 - A recent (within 12 months) QI project completed within the applicant organization.
 - The organization’s provisions for periodic and ongoing continuous and specific staff and consumer education and training.
 - Extent to which lessons learned from underperformance are translated to program improvements.

10. Budget and Budget Narrative (Attachment H)

Applicants must provide a detailed line-item budget and budget narrative that includes the type and number of staff you will need to successfully provide your proposed services. All Applicants applying for services must use the HAHSTA approved budget forms. The forms are posted electronically as a separate Microsoft Excel file alongside this RFA. There cannot be any changes made to the format or content areas of the Excel workbook. Applicants must provide a budget for each project description submitted.

The DOH reserves the right to not approve or fund all proposed activities. Give as much detail as possible to support each requested budget item. List each cost separately when possible. Provide a brief description for each staff position including job title, general duties and activities related to this grant, including the rate of pay and whether it is hourly or salary and the level of effort expressed as how much time will be spent on proposed activities for each staff position. Describe this “time spent” as a percentage of full time equivalent or FTE (e.g., 50% FTE for evaluation activities).

A maximum of ten percent (10%) of the amount budgeted for direct services is permitted for all administrative or indirect costs activities.

11. Attachments

The Attachments do not count in the page total.

- Attachment A: Application Package Table of Contents
- Attachment B: Assurances Checklist
- Attachment C: Applicant Profile
- Attachment D: Client Summary
- Attachment E: Linkages Summary
- Attachment F: Other Sources of Funding
- Attachment G: Service Categories Scope(s) of Work
- Attachment K: Receipt for Assurances

- i. Attachment M: Capacity to Provide Culturally Competent Services
- j. Attachment N: Medicaid Certification (**not applicable to this RFA**)
- k. Attachment O: Certification, Lobbying, et al.
- l. Attachment P: Federal Assurances
- m. Attachment Q: DOH Statement of Certifications

12. Appendix

Items in the Appendix do not count in the page total.

- 1. Organizational Chart;
- 2. Memoranda of Understanding/Agreement (MOU/A)
- 3. Letters of Intent to Enter into a MOU/A
- 4. Subcontracts

Application Submission

Application materials must be submitted to HAHSTA **by 4:45 p.m. on August 31, 2015**. Applications delivered after the deadline will not be reviewed or considered for funding.

**** Please be advised that HAHSTA is located in a secured government building. Government issued identifications must be presented and other security measures may be required to enter the building.**

The application package consists of one original, three (3) additional printed copies and a copy on a USB flash drive. The original, each additional copy and the flash drive must be submitted in separate envelopes. Each of the envelopes must have a copy of the Applicant Profile (Attachment C) and Application Receipt (Attachment J) **attached to the outside**.

The USB flash drive must contain an electronic copy of the application including all application elements and attachments, compiled in separate files labeled with the titles below and organizational initials:

Application Package Element	Format	File Name (for flash drive)
1. Attachment C: Applicant Profile	MS Word	Attachment C: Applicant Profile (<i>applicant agency</i>) Note: Attach the Applicant Profile to the outside of each envelope
2. Attachment J: Application Receipt	MS Word	Attachment J: Application Receipt (<i>applicant agency</i>) Note: Attach a an original of the Application Receipt – behind the Applicant Profile – to the outside of the original Application Package,

Application Package Element	Format	File Name (for flash drive)
		and attach a copy to each copy of the Application Package.
3. Table of Contents	MS Word	Table of Contents (<i>applicant agency</i>)
4. Abstract	MS Word	Abstract (<i>applicant agency</i>)
5. Organization Knowledge and Experience	MS Word	Organization Knowledge and Experience (<i>applicant agency</i>)
6. Project Description	MS Word	Project Description (<i>service category</i>) (<i>applicant agency</i>)
7. Budget Worksheet and Budget Narrative (Attachment H)	MS Excel	Budget and Budget Narrative (<i>service category</i>) (<i>applicant agency</i>)
8. Monitoring, Evaluation and Quality Improvement Plan	MS Word	Monitoring Plan (<i>applicant agency</i>)
9. Attachments		
<ul style="list-style-type: none"> Attachment D: Client Summary 	MS Word	Attachment D Client Summary (<i>applicant agency</i>)
<ul style="list-style-type: none"> Attachment E: Linkages Summary 	MS Word	Attachment E Linkages Summary (<i>applicant agency</i>)
<ul style="list-style-type: none"> Attachment F: Other Sources of Funding Table 	MS Word	Attachment F Sources of Funding (<i>applicant agency</i>)
<ul style="list-style-type: none"> Attachment G: Service Categories Scopes of Work 	MS Word	Attachment G Scope of Work (<i>service category</i>) (<i>applicant agency</i>)
<ul style="list-style-type: none"> Attachment M: Capacity to Provide Culturally Competent Services 	MS Word	Attachment M Cultural Competency (<i>applicant agency</i>)
<ul style="list-style-type: none"> Attachment O: Certification, Lobbying, et al. 	MS Word	Attachment O: Certifications (<i>applicant agency</i>)
<ul style="list-style-type: none"> Attachment P: Federal Assurances (DOH) 	MS Word	Attachment P: Assurances (DOH) (<i>applicant agency</i>)
<ul style="list-style-type: none"> Attachment Q: DOH Statement of Certification 	MS Word	Attachment Q: Certifications (DOH) (<i>applicant agency</i>)
10. Appendices:		

Application Package Element	Format	File Name (for flash drive)
<ul style="list-style-type: none"> • Organizational Chart • Memoranda of Understanding/Agreement (MOU/A) • Letters of Intent for MOU/A • Letters of Intent for Subcontracts 	MS Word or Acrobat PDF	Appendices <i>(applicant agency)</i> <i>Note: Number each appendix sequentially, beginning with the organizational chart. The appendix is not included in the page total.</i>

The USB Flash Drive must be contained in an envelope marked “Flash Drive.”

Applications may be mailed or delivered by messenger or courier services, but it remains the responsibility of the applicant to ensure that applications are received no later than **4:45 PM on August 31, 2015**. Applications received after **4:45 p.m.** will not be reviewed.

Submit one marked original application, three (3) additional printed copies, and one copy on a USB flash drive to:

Department of Health - HIV/AIDS, Hepatitis, STD, TB Administration
899 North Capitol Street N.E.
4th Floor
Washington, DC 20002
Attention: T'Wana L. Holmes
E-mail: twana.holmes@dc.gov

Staff of the HAHSTA Care, Housing and Support Services Division must accept and provide a written receipt for all applications and assurance packages for them to be considered received.

Please note that HAHSTA is located on the fourth floor of a secure building. Government-issued identification must be presented for entry into the building, and other security measures may be in place. Applications are accepted only in the HAHSTA office and must be delivered no later than **4:45 PM on August 31, 2015**.

Assurance Submission Requirements

This section describes the requirements for submission of assurances, certifications and other documents required.

Assurances and certifications are of two types: 1) certifications and assurance documents required for submission with your application (on or prior to deadline day) and 2) those required pre-award to sign a DOH grant agreement. Failure to submit the required documents in your assurance package for this application submission will

make the application ineligible for funding consideration. Assurances packages will not be reviewed at the time of application submission.

If your application is successful and DOH / HAHSTA issues a Notice of Intent to Fund, you will be required to submit additional documents before your organization will be issued a Notice of Grant Award.

Organizations without a confirmed valid assurance package on file with HAHSTA will be required to submit the pre-application assurances listed below.

Assurances Required to Submit Applications (Pre-Application Assurances)

1. Assurances required to apply for funds detailed in this RFA.

- a. Signed Assurances and Certifications (Attachments O, P and Q)
 1. Certifications Regarding, Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace (Attachment O)
 2. Federal Assurances (Attachment P)
 3. DOH Statement of Certification (Attachment Q)
- b. A current business license, registration, or certificate to transact business in the relevant jurisdiction
- c. 501(c)(3) certification (for non-profit organizations)
- d. City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands)
- e. Official list of Board of Directors on letterhead and signed by the authorized executive of the applicant organization
- f. Medicaid Certification, if applicable

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

- a. Updated Assurances and Certifications as requested by DOH Commercial General Liability Insurance
- b. Professional Liability Insurance
- c. Worker's Compensation Insurance
- d. Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by HAHSTA

- e. Home Health/Home Hospice License, if applicable
- f. Certification of current/active Articles of Incorporation from DCRA
- g. Most recent audit (applying the A-133 audit requirement) or unaudited financial statements, to include, but not be limited to the organizational budget, income/profit-loss statement, balance sheet and organizational filings to IRS dating back to 3 years.

HAHSTA recommends that applicants submit for review the “Assurances Required to Submit Applications” to Ms. April Richardson by **August 14, 2015** to allow for evaluation. **Proposals from organizations that do not have complete and current “Assurances Required to Submit Applications” will not be considered for funding.** Applicants who submit assurances prior to the August 14, 2015 deadline should request confirmation from Ms. Richardson that the package is complete. Ms. Richardson may be reached at (202) 671-4900 and April.Richardson@DC.Gov.

For contact and submission information see the “Application Submission” section.

V. Service Category

Listed below is the service category available under this RFA for services in the District of Columbia.

Applicants must complete a Service Categories Scope of Work (Attachment G), identifying the service category, total number of clients to be served, service units to be delivered and service category request amount.

Service categories will be reviewed in conjunction with Client Summary (Attachment D) and Linkages Summary (Attachment E).

Applicants must demonstrate the provision of service delivery impact on health outcomes.

Category A: Psychosocial Support Services

1. Definition

Specifically in the context of this RFA, psychosocial support services are the provision of support and counseling activities in a group setting.

2. Goals and Priorities

Several goals and priorities supported under the service category Psychosocial Support Services. For this RFA, HAHSTA instructs applicants to prioritize the services detailed below.

Social Support Network/Peer Counseling. Evidence suggests that individuals without a sustaining social support network are more likely to fall out of care and engage in unhealthful behavior. Peer supports can help clients build skills in creating and maintain a social support network, and may provide in itself a social support network around issues of disclosure of status, seeking services, maintaining adherence to drug therapies, and sustaining prevention measures. Direct peer support for prevention may be included in this category.

3. Program Activity Detail

Successful Peer Counseling should include:

- A description of the population to be served by Psychosocial Support Services – Peer Counseling. Include target numbers, frequency, and duration of activities.
- The plan to ensure that peer counselors are appropriately trained and prepared to provide Peer Counseling and are provided with regular clinical supervision.
- Specific and detailed program approach aligned with one of the above priority topics, or justification, appropriateness, and impact of a different topic.
- Group facilitation may be conducted by a licensed professional counselor, licensed social worker, or a licensed psychotherapist.

4. Key Activities

- Completion of a comprehensive psychosocial assessment and linking client with counseling services as needed.
- Support group services led or co-led by peer-facilitators, a licensed professional counselor, a licensed social worker, or a licensed psychotherapist.
- Emotional support and didactic information related to medical or psychosocial issues.

VI. Review and Selection of Applications

Review Process and Funding Decisions

All applications that are received on time will undergo a review to determine whether all required components have been addressed and included. Proposals that are determined by the District of Columbia, Department of Health, HAHSTA staff to be incomplete will not be further considered. Proposals that are determined to be complete will be evaluated using an objective internal (District of Columbia, Department of Health, HAHSTA staff) and external (panel reviewers) process.

The review panel forwards its recommendations and comments to the District of Columbia, Department of Health, HAHSTA. Past contractual performance are considered for applicants that have previously received funding from the HAHSTA. Final funding decisions are made by the Director, Department of Health.

Applicants should review the criteria for guidance on what will be considered a successful application.

Technical Review

The technical review panel will be composed of District of Columbia, Department of Health, HAHSTA staff members who will examine each application for technical accuracy, consistency with local and federal guidelines, cost effectiveness and program eligibility.

External Review Panel

The external review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each applicant's application. When the review panels have completed the reviews, the panel will make recommendations for awards based on the scoring process.

In addition to the comprehensive objective review, the following factors may affect the funding decision:

- Prevalence Areas: the successful applicants and awards may be adjusted based on the burden of infections in the target area as measured by HIV/AIDS reporting.
- Prevalence populations: the successful applicants and awards may be adjusted based on the burden of infections among racial and ethnic groups as measured by HIV/AIDS reporting.
- Focus Populations: the successful applicants' awards may be adjusted to ensure each Focus Population is included in one or more award.
- Overall scope and impact of the services to be delivered, to balance depth of services with breadth of services and numbers of clients served.

Award amounts are dependent upon available funds. The District of Columbia, Department of Health, HAHSTA reserves the right to recommend qualified funding proposals out of rank in order to ensure adequate geographic distribution.

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.

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

Scoring Criteria

Points have been assigned to these component areas. The total possible points for these component areas are as follows:

<u>Component/Criteria</u>	<u>Total Possible Points</u>
Criterion A Technical Proposal	100
Criterion B Financial Proposal	No points awarded
Criterion C HAHSTA Past Performance	No points awarded

Criterion A Technical Proposal (Total 100 Points)

Organizations will be scored on agency experience, project description, care and service coordination, monitoring and evaluation, and quality management. This section

will be reviewed in conjunction with Client Summary (Attachment D) and Linkages Summary (Attachment E).

Criterion A1 Organizational Capacity and Experience (Total 30 Points)

Organizations will be scored on the extent to which past and current experience and structure provide a strong likelihood for success in the achievement of improved health outcomes for clients. This can be described as the success your organization has had in contributing to the movement of clients along the continuum from prevention to care: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care and improved health outcomes. It also includes critical systems or systems improvements that will support quality and efficiency in performance. Data and evidence of current capacity or past performance are critical to strong applications. This section will be reviewed in conjunction with Client Summary (Attachment D) and Linkages Summary (Attachment E). Specific areas of review include:

- a. Innovative strategies and program elements that have contributed to retention in care and improvement in health outcomes for clients.
- b. Extent to which the proposed service will facilitate the movement of clients along the prevention to care continuum described above.
- c. Extent to which the specific collaborations and specific linkages to other organizations have facilitated movement of clients along the prevention to care continuum described above.
- d. Specific current and proposed strategies to provide or specifically link clients to core prevention and harm reduction services. This should include provision of condoms and other safer sex products; prevention-for-positive services; needle exchange services; and consideration of emphasis on ART compliance and viral suppression as a risk reduction strategy.
- e. Level of performance on activities previously funded. Extent to which lessons learned from underperformance are translated to program improvements.
- f. For new services, demonstration of how other experiences and service programs provide an adequate basis for success in the new area.
- g. Level of organization's competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.
- h. Demonstrated experience working in the geographic service delivery area.

- i. Appropriateness of methodology for assigning costs for deliverable services; strength of fiscal management and accounting systems; and strength of the organization's financial stability through the description of sources of funding (see Attachment F) and demonstrated capability to implement and maintain service delivery and administrative operations under a cost-reimbursement grant.

Criterion A2 Project Description (Total 40 Points)

This section will be evaluated on the extent to which the proposed projects, and the ways in which they will improve health outcomes, are feasible, incorporate best practices, and will positively impact the designated population. Programs that effectively reach and serve clients with high need, those with a sound technical basis, those that address known challenges and gaps in services, those that strive to build stronger results through innovation, and those that contribute to the overall quality, scope and impact of the area response will rate most highly. This section will be reviewed in conjunction with the Client Summary (Attachment D) and Linkages Summary (Attachment E).

- a. The applicant has described the target population, the need for services, the demographic characteristics of the population to be served and the barriers to care experienced by the population to be served and how the applicant will address those barriers.
- b. The applicant describes how the proposed activities will contribute to positive medical outcomes, including: 1) Retention and stability in care over time; 2) Decreased viral load and increased CD4 counts; 4) Fewer hospitalizations; 5) Fewer opportunistic infections; and 6) Improved quality of life.
- c. Extent to which the plan effectively addresses the issues highlighted in the 'goals and priorities' section of the service category, including but not limited to how their services will facilitate the movement of clients along the prevention to care continuum: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care and improved health outcomes.
- d. Extent to which the plan to provide services matches the service category definitions and key activities.
- e. The goals and objectives of the proposed project are clearly defined, measurable and time-specific, and respond effectively to service area specific goals and priorities.
- f. The applicant has described how the organization will make services accessible by detailing its hours of operation and flexible schedules that provide for evening and weekend hours of operation.

Criterion A3 Monitoring, Evaluation and Quality Improvement (Total 30 Points)

This section may be reviewed in conjunction with Client Summary (Attachment D) and Linkages Summary (Attachment E).

- a. Extent to which applicant has attempted to describe their Monitoring, Evaluation and Quality Improvement section of the application.
- b. Extent to which organizational systems are in place to monitor and evaluate service delivery; are complete and translate to useful data for reporting and for routine program management and planning; electronic data systems or alternative methods and dedicated well-trained staff members are in place to maintain these activities.
- c. Soundness and feasibility of plans to improve or expand existing systems that will result in accurate reporting during the grant period. In addition, the organization must explain how it will work with the HAHSTA mandated reporting systems.
- d. Procedures for ensuring quality of client level data and include the description of quality assurance security and confidentiality policies and procedures.
- e. Service-area specific evaluation plans are included.
- f. The applicant is able to assess how activities and how data will be used to contribute or improve the contribution to, respectively, positive medical outcomes, including: 1) Retention and stability in care over time; 2) Decreased viral load and increased CD4 counts; 4) Fewer hospitalizations; 5) Fewer opportunistic Infections; and 6) Improved quality of life. If the applicant is unable to assess these factors currently, the extent to which it presents a feasible improvement plan or effectively justifies why these measures are not applicable to the services proposed.
- g. The applicant's description of the organization's Quality Improvement Plan for administrative, programmatic, fiscal and data collection activities demonstrates commitment to quality processes and measures.
- h. The applicant details the organization's provisions for periodic and ongoing continuous and specific staff education and training.

Criterion B Budget and Budget Narrative (No Points Awarded)

The budget and budget narrative will be reviewed during the selection process, but are not included in the scoring of the proposal. Comments on the budget will be invited from the review panel and the technical review panel, and will help guide the negotiation of the budget with those applications that are recommended for funding.

In preparing budgets, applicants are advised to:

- Maximize the cost efficiency of the services provided.
- Provide a clear description of the contribution of each item proposed in the budget towards achieving the goals of the program.
- Support – to the extent permitted by the funding source – necessary and appropriate indirect and administrative costs.

Criterion C HAHSTA Past Performance (No Points Awarded)

Grant and program level of performance on activities funded by any HAHSTA program concluded during calendar year 2014. This will include sub-grants funded during DC Fiscal Year 2014 (October 1, 2013 – September 30, 2014) and Part A Grant Year 24 (March 1, 2014 – February 28, 2015). Past performance during these periods will be considered but not scored when reviewing applications.

Pre-Award Activities

Successful applicants will receive a Notice of Intent to Grant Award from HAHSTA. The NOGA shall be the first binding, authorizing document between the successful applicant and DC HAHSTA. The NOGA will be signed by an authorized grants management officer and mailed to the fiscal officer or executive director identified in the application.

Successful applicants will interact with HAHSTA staff to review draft contract provisions, prepare final Table(s) A: Scope of Work and Budget Format and Budget Narratives. Successful applicants will receive a Notification of Intent to Fund from HAHSTA. The Notice of Intent to Fund will be signed by a grants management officer and mailed to the fiscal officer or executive director identified in the application.

Organizations receiving Notification of Intent to Fund cannot begin activities until a Notice of Grant Award (NOGA) is issued and a Grant Agreement has been signed by the DOH Director and accepted by the Grantee. The Applicant shall not announce publically receipt or award of funding from DOH under this RFA until an actual DOH NOGA is received.

VIII. Grant Terms and Conditions

All grants awarded under this program shall be subject to the following terms and conditions:

Technical Assistance

The District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, TB Administration shall offer technical assistance for issues related to this RFA.

Contact: T'Wana L. Holmes via e-mail twana.holmes@dc.gov or by phone at (202) 671-4900

Technical assistance will be offered according to the procedures listed in Section III of this RFA.

Reporting and Continuation of Funding

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by the HAHSTA and following the procedures determined by the HAHSTA.

Continuation funding for option year(s) is dependent upon the availability of funds for the stated purposes, fiscal and program performance, and willingness to incorporate new directives, policies, or technical advancements that arise from the community planning process, evolution of best practices or other locally relevant evidence.

Audits

- a. At any time or times before final payment and three (3) years thereafter, the Grantee (District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, TB Administration) may have the organization's expenditure statements audited.
- b. The organization shall retain independent auditors to audit all projects which are funded by a CARE Act grant award on an annual basis, or at such time as the Federal, State or the County shall determine, in accordance with OMB Circular No. A-133.

Insurance

During the term of the grant, all organizations will be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable, covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence. All Certificates of Insurance must list the specific applicable dollar amounts as described herein. Organizations may be required to carry additional insurance depending on the service categories provided under the terms of their award, as follows:

- a. The organization shall carry employer's professional liability coverage of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- b. The organization shall require and maintain professional liability coverage on all contracted workers/consultants of at least two hundred thousand dollars (\$200,000.00) per person and five hundred thousand dollars (\$500,000.00) per occurrence.
- c. In instances where organization-owned vehicles are utilized in transporting clients served or employees and/or consultants funded by this project, the organization shall carry comprehensive automobile liability insurance covering all automobiles used in connection with the grant. The policy shall provide for bodily injury, death, and property damage liability in the minimum amounts of Two hundred thousand dollars (\$200,000.00) per person and Five hundred thousand dollars (\$500,000.00) per occurrence.
- d. The organization shall carry workers' compensation insurance covering all of its employees employed upon the premises and in connection with its other operations pertaining to the grant agreement, and shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia.
- e. Organization must include original Certificates of Insurance for all insurance requirements as detailed by this section in grant proposals submitted for consideration. All Certificates of Insurance shall set forth District of Columbia as a Certificate Holder and as Additional Insured. All insurance shall be written with responsible companies licensed by the District of Columbia. The policies of insurance shall provide for at least thirty (30) days written notice to the Grantee's Grants Management Division, prior to their termination or material alteration. All certificates must have an original written or stamped signature. Copies are not acceptable.

Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this announcement, a recipient must be in compliance with tax requirements as established in the District of Columbia or eligible jurisdiction and with Federal tax laws and regulations. Nonprofit organizations must register annually to meet tax exemption requirements.

Drug-Free Workplace

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (Attachment O).

Vendor Assurances

The organization shall submit and comply with all document requirements as determined by the District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD, TB Administration. The following documents will be included for completion with the organization grant agreement:

- a. Vendor Oath and Certification;
- b. Certification of Assurance of Compliance Regarding Fair Labor Standards Act;
- c. Bidder/Offer or Affidavit and Statement of Ownership; and
- d. Corporate Acknowledgment - Whenever the DOH is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure the DOH that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

District of Columbia Regulatory Requirements

- a. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations annually (conducted through local law enforcement agency) on all paid or volunteer service providers.
- b. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate jurisdictional licenses with grant proposals.

Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.

All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with HIPAA.

Quality Improvement

The organization will agree to participate in Quality Improvement activities and record review processes established by the Grantee, the District of Columbia Department of Health.

Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

Term

The term of the FY 2015 grant year shall be October 1, 2015 through February 29, 2016 for funded services.

Availability of Funds

The funds listed in this RFA are projections and subject to change.

Budget

A complete set of budget forms must be submitted for each service category for which you are requesting funding. Budget forms and instructions are included in Attachment H.

Information Systems

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via data collection tools provided by or approved by HAHSTA.

IX. List of Attachments

- Attachment A: Application Package Table of Contents
- Attachment B: Assurances Checklist
- Attachment C: Applicant Profile
- Attachment D: Client Summary
- Attachment E: Linkages Summary
- Attachment F: Other Sources of Funding
- Attachment G: Service Categories Scopes of Work
- Attachment H: Budget Worksheet and Budget Narrative
- Attachment I: Notice of Intent to Apply
- Attachment J: Application Receipt
- Attachment K: Receipt for Assurances
- Attachment M: Capacity to Provide Culturally Competent Services
- Attachment N: Medicaid Certification
- Attachment O: Certifications, Lobbying, et al.
- Attachment P: Federal Assurances
- Attachment Q: DOH Statement of Certification