

# Funding Opportunity

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

**H A H S T A**



## *Food Services for Persons Living with HIV/AIDS in the District of Columbia*



**RFA #HAHSTA\_FDS071015**

### **Request for Applications (RFA)**



***Application Due Date: August 10, 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\_FDS071015

**Food Services for Persons Living with HIV/AIDS in the District of Columbia**

The Government of the District of Columbia, Department of Health (DOH), HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) is requesting applications from qualified applicants to assist residents of the District of Columbia with HIV/AIDS by providing food and food services.

Approximately **\$300,000** in locally appropriated funds will become available for up to two awards to provide Food Bank/Home Delivered Meals beginning October 1, 2015. All awards are contingent upon the availability of FY16 locally appropriated District of Columbia funding.

All providers must be located in the District of Columbia. The following entities are eligible to apply for grant funds under this request for applications (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; and for-profit health and support service providers (only if evidence is provided that the providers are the only organization able to provide the service).

Food bank and home-delivered meals include the provision of actual food or meals, as well as vouchers to purchase food, to improve the health of District residents living with HIV. Essential household supplies such as hygiene items and cleaning supplies may also be included. Home-delivered meals/groceries must be supplied to homebound individuals and their dependents who are unable to prepare meals for themselves. Meals/groceries shall be provided in the context of meal plans developed by registered dietitians in coordination with the clients' caregivers, case managers and physicians. Food Bank activities focus on the provision of fresh produce, poultry and fish.

The RFA (**RFA #HAHSTA\_FDS071015**) will be **released on Friday, July 10, 2015**. The RFA will be posted on the Office of Partnerships and Grants Services website, <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse> under the District Grants Clearinghouse. A limited number of copies will be available for pick up at DOH/HAHSTA offices at 899 North Capitol St., NE Washington, DC 20002, 4th floor.

**The deadline for submission is Monday, August 10, 2015, at 4:45 pm.** All applications must be received in the DOH/HAHSTA suite on the fourth floor by 4:45 pm.

The Pre-Application Conference will be held at the HAHSTA offices located at 899 North Capitol Street, NE Washington, DC 20002, 4th floor, Room 447 on **Wednesday, July 15, 2015** from 10:00 - 11:30 a.m. Please contact T'Wana Holmes at 202.671.4900 for additional information.

**\*\*HAHSTA is located in a secured building. Government issued identification must be presented for entrance.**

## **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](http://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](http://www.opgs.dc.gov) (click on Information) or click here: [City-Wide Grants Manual](#).

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

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## I. Overview

### Purpose of this Request for Applications (RFA)

The purpose of the RFA is to solicit applications from qualified applicants to provide food services to indigent, uninsured and under-insured persons who are HIV-infected and affected in the District of Columbia.

Food services is a support service for the provision of actual food or meals. Essential household supplies such as hygiene items and household cleaning supplies may also be provided under this service. Additionally, vouchers to purchase food may be included.

Food services must be made available to eligible residents of the District of Columbia. Applicants for this service category may be located in any Ward. The official service category is:

- Category A: Food Bank/Home Delivered Meals or Groceries

Specific information on the services eligible and expected are included in the description of the service category on page 19.

Successful applicants must establish, document, and maintain formal relationships with other major providers and key points of entry (e.g. emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters and other entities) serving the target and special population(s) identified above to facilitate linkages for clients. 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.

The primary objectives of this RFA is to acquire services that will form part of 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
- Improving quality of life.

## Target Population

The target populations for this RFA are indigent, uninsured, and under-insured persons who are HIV-infected and affected.

## Service Delivery / Continuum of Care

No single set of services can effectively address the needs of the wide range of races, ethnicities, social identities, risk behaviors, clinical statuses and service expectations of all clients. Ineffective 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 contingent upon availability of funds to the District of Columbia HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA). Funding is available for up to two awards, and a minimum of half of the total funds available will support food banks.

<b>Service Category</b>	<b>Funding Source</b>	<b>Expected Available Funds</b>
Food Bank/Home Delivered Meals or Groceries	Local Appropriated	\$300,000

## Period of Funding

Grants supported by funds awarded under this RFA are expected to begin on October 1, 2015 and end September 30, 2016.

**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 two optional years at the end of the initial grant 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 District of Columbia. Applicants are responsible for documenting the availability of locations proposed. Locations that are 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.

## Monitoring, Evaluation and Quality Improvement

Successful applicants shall have a plan for Monitoring, Evaluation and Quality Improvement that includes a continuous quality improvement system and an

implementation work plan to monitor and evaluate the delivery of all services, ensuring that identified deficiencies are addressed.

Moreover, successful applicants shall:

- Develop and implement policies and procedures to evaluate the accuracy of data collection and reporting.
- Adhere to all current and newly revised standards and protocols as they become effective.
- Be monitored and evaluated by the HAHSTA according to the scope of work, approved budgets and related service delivery standards.
- Be responsible for assuring that all clients receiving services provided through funds detailed in this RFA should sign the appropriate written consent forms.
- Develop all written policies and procedures applicable to the project as well as produce monthly, quarterly, and annual program and fiscal reports for review 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.

### **Evaluation of Program and Fiscal Performance**

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, OMB circulars and expenditure requirements. This evaluation may include a pre-award site visit.

## **II. Program & Administrative Requirements**

### **Program Requirements**

#### **1. Nondiscrimination in the Delivery of Services**

In accordance with District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01, as amended, no person shall be denied the benefits of, or be subjected to discrimination under, any service category receiving District of Columbia appropriated funds, on the grounds of, but not limited to, race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business.

## **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 District of Columbia;
- b. Be HIV positive; and
- c. Be low-income.

## **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, including agency grievance procedures.

## **4. Reports**

Successful applicants will be required to submit monthly, quarterly, annual and final reports to the HAHSTA. All reports must contain the required information in the format determined by the HAHSTA. Requests for reports may include the following information:

- a. Client based demographic data.
- b. Count of the number of all new and unduplicated clients served by the agency.
- c. Programmatic narrative information.
- d. Financial expenditure reports and supporting documentation.
- e. Unusual incident report, which includes report of client death

## **5. 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.
- 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

- d. 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.

e. **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.

f. **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 **July 15, 2015** from 10:00 to 11:30 a.m. in room 447 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](mailto: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](http://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 **July 15, 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](mailto:TWana.Holmes@DC.Gov) no later than July 24, 2015 at 4:45 p.m.

## 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 (8 pages)
- h. Project Description (Up to 15 pages for core medical service categories and up to 10 pages for support services categories)
- i. Monitoring, Evaluation and Quality Improvement (5 pages)
- j. Budget and Budget Narrative (Not counted in page total)
- k. 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

The **primary purpose** of this section is to fully describe your organization's past and current experience in providing the proposed service(s) and achieving improved health outcomes for clients. This experience can be described in terms of the success your organization has had in contributing to the movement of clients along the continuum from prevention to care and ultimately improving health outcomes. It should describe any unique niche, knowledge and relationship to the community to be served and your

capacity for growth or success in the service categories for which you are applying. Further, this section must describe innovative strategies and program elements that have been employed that contributed to retention in care and improvement in health outcomes for clients

Also include descriptions of critical systems or systems improvements that have and 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 the Client Summary (Attachment D) and Linkages Summary (Attachment E), so direct references to these summaries may be included.

The **secondary purpose** of this section is to describe the applicant organization's capacity to leverage resources to provide comprehensive services for clients.

**HAHSTA is interested in maximizing the available resources for each organization and for the District as a whole through full utilization of all payer systems, and is committed to working with providers throughout the grant period to achieve these goals.**

Applicants should clearly describe how these grant funds will be used to fill critical gaps to ensure comprehensive services.

- a. Describe the eligibility screening process for clients that your agency serves.
  - i. Describe the process for initial screening for clients new to the applicant agency.
  - ii. Describe the process by which clients are informed about alternate sources of food services in the District, and how it is determined whether or not clients have accessed these sources, during the eligibility screening process.
  - iii. Describe the system for regular review of eligibility screening and outcomes for the proposed grant period.
- b. Provide the number of clients enrolled in services.

## **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 is responsible for accepting 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**

The applicant is responsible for employing culturally competent staff that reflects the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) the applicant expects to serve.

### **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. Monitoring, Evaluation and Quality Improvement**

- Describe the organizational systems in place to monitor and evaluate service delivery. Descriptions should include:
  - Person(s) responsible for monitoring and evaluation of services—describe whether there is a dedicated staff (part time, full time, team) who is responsible for client level data, surveillance, reporting and the training and qualifications of these staff.
  - How your organization will collect quality client level data, including the data system(s) used and the personnel involved.
  - How the agency uses data to improve delivery and quality of services.
  - Identify how and who will develop and implement the Quality Improvement Plan and quality improvement strategies.
  - How data are used within your organization to impact program management and planning.
- Describe your service-area specific Quality Improvement Plans.
- Describe your organization's ability to monitor how the proposed activities will have an impact on the following health outcomes:

1. Retention and stability in care over time
2. Decreased viral loads
3. Increased CD4 counts
4. Fewer hospitalizations
5. Fewer opportunistic Infections
6. Improved quality of life

If your organization is not currently able to monitor these variables, please indicate what approaches will be put in place to gather this information. If certain outcomes are not relevant to your proposed activities, please explain.

- Describe how this Quality Improvement Plan will be implemented to ensure the provision of continuous quality services
- Describe your organization's Quality Improvement Plan for program services as well as administrative and fiscal performance.
- Describe the organization's provisions for periodic and ongoing continuous staff education and training.

#### **i. 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.

#### **j. Attachments**

The Attachments do not count in the page total.

1. Attachment A: Application Package Table of Contents

2. Attachment B: Assurances Checklist
3. Attachment C: Applicant Profile
4. Attachment D: Client Summary
5. Attachment E: Linkages Summary
6. Attachment F: Other Sources of Funding
7. Attachment G: Service Categories Scope(s) of Work
8. Attachment K: Receipt for Assurances
9. Attachment M: Capacity to Provide Culturally Competent Services
10. Attachment N: Medicaid Certification (**not applicable to this RFA**)
11. Attachment O: Certification, Lobbying, et al.
12. Attachment P: Federal Assurances
13. Attachment Q: DOH Statement of Certifications

**k. 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 10, 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:

<b>Application Package Element</b>	<b>Format</b>	<b>File Name (for flash drive)</b>
1. Attachment C: Applicant Profile	MS Word	Attachment C: Applicant Profile ( <i>applicant agency</i> )

<b>Application Package Element</b>	<b>Format</b>	<b>File Name (for flash drive)</b>
		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 one original and one copy of the Application Receipt – behind the Applicant Profile -- to the outside of the “original” Application Package only.
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		
• Attachment D: Client Summary	MS Word	Attachment D Client Summary ( <i>applicant agency</i> )
• Attachment E: Linkages Summary	MS Word	Attachment E Linkages Summary ( <i>applicant agency</i> )
• Attachment F: Other Sources of Funding Table	MS Word	Attachment F Sources of Funding ( <i>applicant agency</i> )
• Attachment G: Service Categories Scopes of Work	MS Word	Attachment G Scope of Work ( <i>service category</i> ) ( <i>applicant agency</i> )
• Attachment M: Capacity to Provide Culturally Competent Services	MS Word	Attachment M Cultural Competency ( <i>applicant agency</i> )

<b>Application Package Element</b>	<b>Format</b>	<b>File Name (for flash drive)</b>
<ul style="list-style-type: none"> <li>Attachment O: Certification, Lobbying, et al.</li> </ul>	MS Word	Attachment O: Certifications ( <i>applicant agency</i> )
<ul style="list-style-type: none"> <li>Attachment P: Federal Assurances (DOH)</li> </ul>	MS Word	Attachment P: Assurances (DOH) ( <i>applicant agency</i> )
<ul style="list-style-type: none"> <li>Attachment Q: DOH Statement of Certification</li> </ul>	MS Word	Attachment Q: Certifications (DOH) ( <i>applicant agency</i> )
10. Appendices:		
<ul style="list-style-type: none"> <li>Organizational Chart</li> <li>Memoranda of Understanding/Agreement (MOU/A)</li> <li>Letters of Intent for MOU/A</li> <li>Letters of Intent for Subcontracts</li> </ul>	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 10, 2015** Applications received after **4:45 p.m.** will not be reviewed.

Submit one original application package, three 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](mailto: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 10, 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 **July 27, 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 July 27, 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 Categories: Overview

Listed below are the service categories available under this RFA for services in the District of Columbia.

Applicants must complete a Service Categories Scopes 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: Food Bank/Home-Delivered Meals or Groceries

Approximately \$300,000 in local appropriated funds will be available to fund up to two providers in this service category.

### Goals and Priorities

The District of Columbia Department of Health is encouraging innovative applications that make use of best practices in the provision of Food Bank/Home Delivered Meals or Groceries.

Clients eligible to be served under this service category are low-income residents of the District of Columbia with HIV/AIDS.

One or more food programs will be funded through this RFA, designated as “Food Services.”

### Definition

Food Services are the provision of actual food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies may be included in this service. Cash disbursements to allow the client to purchase food are not permissible.

### Program Activity Detail

Successful applicants will describe the assessment to be conducted of each client of his or her food needs. The required assessment will emphasize the overall food required and sources of food needed by the client and his or her dependents. It is not the intent of this service category to support medical nutrition therapy or individualized client services provided by a registered or licensed dietitian, but each applicant should describe the ability to link clients in need of these services and to use that linkage to ensure appropriate food services.

HAHSTA encourages applications that demonstrate an understanding of the critical need for food services, and proposes a program that complements existing food programs. The successful applicant will describe the need of a particular population for food services, describe that need in the context of food programs available to low-income individuals, and describe the unique contribution of the food program proposed.

Food may be provided either directly by the provider, in collaboration with another provider or delivery site, or through a voucher that is redeemable for, and limited to, these items. Please note that the provision of a voucher is permissible, but the provision of cash is not permissible.

Proposals can include home delivered meals, home delivered groceries or food made available through a food bank or pantry. Successful applicants will include a description of their plan to offer fresh produce, low-fat, low-sodium foods and vegetable proteins to clients at least monthly. Note that these healthy diet options need not form a 'stand-alone' or special food option, but can comprise the overall food choice approach.

## Key Activities

Food Services includes two service modes: home delivered food and food banks. Applicants may choose to propose one or both services.

Key Activities of Home Delivered Food include:

- Providing home delivered food, which may include the delivery of prepared meals, nutritional supplements, and vitamins to homebound individuals and their dependents who are unable to prepare meals for themselves due to HIV illness.
- Making referrals to other food programs.

Key Activities of Food Bank include:

- Providing food items at a specific site. Food items will include perishable and nonperishable food items, personal care and/or household items, condiments, and nutritional supplements for persons living with HIV/AIDS and their dependents.
- Food Bank Services that are co-located with Primary HIV Medical Care/Outpatient Services are a priority for funding, due to their added impact on improving attendance and participation with core medical services.
- Activities that enhance the nutritional value and numbers of clients served at co-located food banks will be considered, and creative partnerships between food banks and expert nutritional or food service organizations are encouraged.

## VI. Review and Selection of Applications

### 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.

## VII. Scoring Criteria

### Criterion A 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 B 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 C 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 as directed under *Section 3.h. Monitoring, Evaluation and Quality Improvement*.
- 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. Please note: the use of CAREWare for data reporting is not required under this award.
- 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 D. 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.

## Pre-Award Activities

**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.

Successful applicants will be asked to attend a pre-award meeting with HAHSTA staff to review draft terms of the prospective grant agreement and to prepare final Table(s) A: Scope of Work and Budget Tables and Budget Narratives.

**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](mailto: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 2016 grant year shall be October 1, 2015 through September 30, 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
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- 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
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