

**District of Columbia
Department of Health
Community Health Administration
Title V Block Grant Program**

REQUEST FOR APPLICATIONS (RFA) #CHA-122112



Invites the Submission of Applications for Funding under the U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of State and Community Health, Notice of Maternal and Child Health Services Title V Block Grant Award. Authorization (Legislation/Regulation) Title V of the Social Security Act, 1935; revised by P.L. 07-95, the Omnibus Budget Reconciliation Act, 1981; as amended by P.L. 101-239, the Omnibus Budget Reconciliation Act, 1989.

CFDA 93.994

**Announcement Date: December 10, 2012
RFA Release Date: December 21, 2012**

Application Submission Deadline: January 25, 2013, 4:00 pm.

LATE APPLICATIONS WILL NOT BE FORWARDED TO THE REVIEW PANEL



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

1. Funding for an award is contingent on continued funding from the DOH grantor or funding source.
2. The RFA does not commit DOH to make an award.
3. DOH reserves the right to accept or deny any or all applications if the DOH determines it are in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
4. DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
8. DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DOH shall provide the citations to the statute and implementing regulations that authorize the grant or sub grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at www.opgs.dc.gov (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.



“N O T I C E”

PRE-APPLICATION CONFERENCE



WHEN: *January 9, 2013*

WHERE: *Department of Health
899 North Capitol Street NE
4rd Floor, Room - 407
Washington, DC 20002*

TIME: *10:00 a.m. - 12:00 p.m.*

CONTACT PERSON: Bryan Cheseman
Department of Health
899 North Capitol St., NE
3rd Floor
Washington, DC 20002
Phone: 202-442-9339
bryan.cheseman@dc.gov



APPLICATION CHECKLIST FORM

Please indicate with a check mark all items in the list below that have been completed in the application submission:

___ Proposed program addresses one of the health priority areas identified in the RFA.

___ One original and five (5) copies (unbound) and one electronic version are submitted in a sealed envelope marked with the applicant's name and "Application in Response to the RFA #CHA-122612."

___ Application will be hand delivered to DOH/CHA on or before **January 25, 2013 (4:00 p.m.)**.

___ Submitted in English, double-spaced, single-sided, 12 point uncondensed font with pages numbered consecutively. (Arial or Times New Roman recommended)

___ Signed Official Transmittal Letter according to specifications in the RFA.

___ Table of Contents according to specifications in the RFA.

___ Page limitations adhered to as specified in the RFA.

___ Applicant includes a statement as an appendix that they have in their possession and are current on the items listed below and will provide upon receipt of notification of award and before execution of a grant agreement the following applicable Proof of Qualification documents must be submitted:

- Articles of Incorporation, partnership or joint venture agreement;
- Current license, registration or certification to transact business in the District of Columbia;
- Organization's operating policies;
- Patient handbook or statement of rights and responsibilities;
- License or certification to perform proposed services;
- Certificate of Occupancy;
- Documents of licensure or certification of key management and professional staff;
- Proof of Insurance for: Commercial general liability, professional liability, comprehensive automobile and worker's compensation;
- 501 (c) 3 Certification;
- Audits and Financial Statements;
- List of Agency's Board of Directors.

___ Current certified statement of applicant's financial condition (or a reasonable facsimile thereof).

___ Job descriptions for management, supervisory and key professional personnel.



____ Applicant Profile Form (Attachment A) is completed and signed.

____ Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment B) is completed and signed.

____ Statement of Certification (Attachment C) is signed.

____ Assurances (Attachment D) is signed.

____ Work Plan (Attachment E).

____ Staffing Plan (Attachment F).

____ Itemized budget (Attachment G) and a budget narrative/justification.

____ Evaluation Plan (Attachment H).

____ Logic Model (Attachment I).

____ The application is submitted with **two original receipts** (Attachment J)



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District of Columbia
Department of Health
Community Health Administration

REQUEST FOR APPLICATIONS #CHA-122112

Maternal and Child Health Services, Title V Block Grant FY 2013-2014

SECTION I GENERAL INFORMATION

The U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Division of State and Community Health allocates funding to the District of Columbia (DC) for the Maternal and Child Health Services Title V Block Grant Program. The purpose of the Program is to assist states in the design and implementation of comprehensive community-based systems of care to address the needs of women (before, during, and after pregnancy and childbirth), infants, children, and adolescents (including children and adolescents with special health care needs). Within the D.C. Department of Health (DOH), the Community Health Administration (CHA) administers the Maternal and Child Health Services Title V Block Grant Program (Grant No. B04MC25332).

The mission of CHA is to improve health outcomes for all residents of the DC with an emphasis on women, infants, children (including children/youth with special health care needs (CYSHCN)) and other vulnerable groups such as those with a disproportionate burden of chronic disease and disability. To this end, CHA provides programs and services that promote coordination among the systems of care in the city and enhances access to effective primary, secondary and tertiary prevention services. CHA also collaborates with public and private organizations to provide support services to improve access to quality care and to address the social determinants of health for these groups. CHA embraces the values of accountability, collaboration, and initiative in the pursuit of its mission and fosters public participation in the design and implementation of community health programs.

Maternal and Child Health Services Block Grant funds are distributed in accordance with statutory requirements detailed in Title V of the Social Security Act, 1935; revised by P.L. 07-95, the Omnibus Budget Reconciliation Act, 1981; as amended by P.L. 101-239, the Omnibus Budget Reconciliation Act, 1989. The Maternal and Child Health pyramid of health services is the conceptual framework utilized in the annual Title V application and reporting process. The levels are as follows: Level I: Direct Health Care Services – basic health services and health services for CYSHCN; Level II: Enabling Services – transportation, translations, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination with Medicaid, WIC, and Education; Level III: Population-based

Services- newborn screening, lead screening, immunization, sudden infant death syndrome counseling, oral health, injury prevention, nutrition, and outreach/public education; and Level IV: Infrastructure-Building Services – needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, systems of care, and information systems.

In addition, the Title V application/annual report to the U.S. Department of Health and Human Services, HRSA must reflect the DC's priority needs based upon DC's five year needs assessment, to measure progress toward achievement of national and the DC Maternal and Child Health performance measures based upon National and District Healthy People 2010 objectives; and to measure progress toward improving national and DC Maternal and Child Health outcome measures.

Under this Request for Application (RFA), applicants may apply for funds in each of the following program area(s) in the Maternal and Child Health Services Title V Block Grant Program: (Separate applications are required for each program area)

Description of Program Areas Eligible for Consideration Under the Title V RFA

Program Area A: Direct Health Care Services –providing health services for children and youth with special health care needs, including medical and behavioral disorders.

Program Area B: Enabling Services - improve access to quality care for CYSHCN through such services as transportation, translation, outreach, respite care, health education, family support services, purchase of health insurance, and case management.

Program Area C: Infrastructure-Building Services - address CYSHCN infrastructure needs through a needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, systems of care, and information systems.

Definition of the Terms Used in This RFA

Care Coordination: a central, ongoing component of an effective system of care for children and youth with special health care needs and their families. Care coordination engages families in development of a care plan and links them to health and other services that address the full range of their needs and concerns. Principles of care coordination reflect the central role of families and the prioritization of child and family concerns, strengths and needs in the effective care of children with special health care needs. Activities of care coordination may vary from family to family, but begin with identification of individual child and family needs, strengths and concerns, and aims, simultaneously, at meeting family needs, building family capacity and improving systems of care.

Case Management: provision of services based on a coordinated, culturally competent approach involving client assessment, referral, monitoring, utilization, and follow-up of needed services.

Children and Youth with Special Health Care Needs (CYSHCN): “...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” (HRSA, MCH Bureau)

Direct Service: provision of one or more activities or programs designed to address one or more specific illness or conditions affecting CYSHCN.

Enabling Services: non-medical services to improve access to quality care for individuals including care coordination, case management, patient/family navigation, health education, family support services, respite care, translation and transportation

Infrastructure Building Services: a wide variety of activities and that support healthcare programs for CYSHCNs and their families, such as a needs assessment, policy development, coordination, quality assurance, standards development, monitoring of services, training, applied research, systems of care and information systems.

Medical Home: A system for the delivery of primary medical care services that provides structured delivery of services by a multidisciplinary team. The services provided include comprehensive primary care; specialty referral; and transition services after periods of hospitalization or long-term care. All of these services are uniformly accessible, comprehensive, continuous, family-centered, coordinated, compassionate and culturally sensitive.

Mood, Emotional and Behavioral Disorders: Examples of these conditions are autism spectrum disorders; attention-deficit and hypersensitivity disorder; disruptive behavior disorder; eating disorders; and affective (mood) disorders.

Parent Consultant: Consultants assist families with locating and navigating services, information, and resources regarding general health, disability, individualized support, child development, education, transition, planning, and guidance to help improve educational and life outcomes for their children and youth. Also serve as access and quality assurance agents within agencies, health care systems, and educational systems.

Eligible Organizations/Entities

The following are eligible organizations/entities who can apply for federal grant funds under this RFA: Any qualified non-profit community-based organizations or agencies, experienced in providing services to targeted CYSHCN populations.

Source of Grant Funding

The grants are made available through the DHHS, HRSA, Notice of Grant Award for Maternal and Child Health Services (CFDA 93.994) to DOH. Authorization (Legislation/Regulation) with statutory requirements detailed in Title V of the Social Security Act, 1935; revised by P.L. 07-

95, the Omnibus Budget Reconciliation Act, 1981; as amended by P.L. 101-239, the Omnibus Budget Reconciliation Act, 1989.

Award Period

Approximately \$2 million in MCH Block Grant funds are expected to be available for a program one year (12 months) in length projected to begin Feb 1, 2013 and to end January 31, 2014, with one option year considered.

No obligation or commitment of funds will be allowed beyond the grant period of performance. Grant awards are made annually, contingent on demonstrated progress by the recipient in achieving performance objectives, and upon availability of funds. CHA reserves the right to make partial awards (i.e. partial funding and/or proposed services) and to fund more than one agency for each target population in all program areas.

Grant Awards and Amounts

Approximately \$2,000,000 in federal grant funds is anticipated and approximately 10 applicants will be funded. CHA will fund applicants in the following Program Areas:

- Program Area A-Direct Healthcare Services;
- Program Area B- Enabling Services; and
- Program Area C -Infrastructure-Building Services.

Total Amount Available for each Program Area	Approximate Number of Awards
Approximately up to \$200,000	10

Award amount and target populations selected shall reflect priorities established in the Maternal and Child Health Services Title V Block Grant Program for the District of Columbia.

SECTION V separately outlines Program Scopes of Work: (A) Program Overview and Requirements, and (B) Recipient Responsibilities for each program area. Please read this section carefully in order to ensure that you provide a fully responsive application and understand the administrative and program requirements for a Maternal and Child Health Services Title V Block Grant in the program area for which you are requesting funds. **SECTION VI** outlines the SCORING CRITERIA and **Section VII** provides the required PROPOSAL FORMAT for the application. Please note any specific formatting requirements for each program area.

SECTION II- SUBMISSION OF APPLICATIONS

Contact Persons

Grants Management:

Bryan Cheseman
Office of Grants Monitoring and Program Evaluation
DC Department of Health
Community Health Administration
District of Columbia Government
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
202-442-9339
202-442-4796 (fax)
bryan.cheseman@dc.gov

Program Areas

Richard A. Levinson, MD, DPA
Interim Senior Deputy Director, Title V Director
Community Health Administration
DC Department of Health
899 North Capitol Street N.E., 3rd Floor
Washington, DC 20002
(202) 442-5925
(202) 442-4827 (fax)
richard.levinson@dc.gov

Internet

Applicants who received this RFA via the Internet shall provide the DC DOH CHA, Office of Grants Monitoring and Program Evaluation with the following:

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

This information shall be used to provide updates and/or addenda to the Maternal and Child Health Services Title V Block Grant Program RFA.

Pre-Application Conference

A Pre-Application Conference will be held on January 9, 2013 from 10:00 am to 12:00 pm, at 899 North Capitol Street N. E., 4rd Floor, Room 407, Washington, DC, 20002.

Explanations to Prospective Applicants

Applicants are encouraged to email or fax their questions to the grants management contact persons listed on the previous page no later than **January 18, 2013**. Questions submitted after this date will not receive responses.

Please allow **ample** time for mailed applications to be received prior to the **January 25, 2013 deadline**.

Application Identification

One (1) original and five (5) copies (unbound) and one electronic version are to be submitted in one envelope or package. Two copies of **Attachment H** (Original Receipt) should be affixed to the outside of the envelope or package. **DOH will not forward the proposal to the review panel if the applicant fails to submit the required total of six (6) applications and one electronic version. The electronic version may be on a PC-readable disc or on a flash drive. Telephonic, telegraphic and facsimile submissions will not be accepted.**

Application Submission Date and Time

Applications are due no later than 4:00 p.m., EST, on January 25, 2013. The date and time when applications are received will be recorded. Applications **received at or after 4:01 p.m., EST on January 25th will not be forwarded to the review panel for funding considerations, and will be returned unopened to the submitting organization.** In addition, any additions or deletions to an application will not be accepted after the deadline of 4:00 p.m. on January 25, 2013.

The six (6) applications of the proposal and the electronic version **must be** delivered to the following location:

District of Columbia, Department of Health
Community Health Administration
3rd Floor
899 North Capitol Street, NE
Washington, D.C 20002
Attention: Bryan Cheseman

Multiple Submissions

Any applicant desiring consideration under more than one program area must submit a separate application for each program area as described in this RFA. Each application must be self-contained and include all of the required information (**including a separate budget**) as outlined in the RFA.

Mail/Courier/Messenger Delivery

Applications that are mailed or delivered by Messenger/Courier services must be sent in sufficient time to be received by the **4:00 p.m. EST deadline on January 25, 2013** at the location listed above. Applications arriving via messenger/courier services after the posted deadline of 4:00 p.m. January 25, 2013 will not be forwarded to the review panel. NOTE: 899 North Capitol is a secured building, requiring applicants to present photo ID and undergo electronic screenings. DOH will not accept responsibility for any delays in the delivery of the proposals.

SECTION III PROGRAM AND ADMINISTRATIVE REQUIREMENTS

Use of Funds

Applicants shall only use grant funds to support the program areas listed in this RFA consistent with the Maternal and Child Health Services Title V Block Grant Program.

Indirect Costs Allowance

Applicant's budget submissions must adhere to a ten-percent (10%) maximum for indirect costs for the Maternal and Child Health Services Title V Block Grant Program. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

SECTION IV GENERAL PROVISIONS

Insurance

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

Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited.

Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funding support from the Maternal and Child Health Services Title V Block Grant Program.

SECTION V: PROGRAM SCOPES OF WORK

Section V provides a separate overview of each Program Area. Each overview provides a program description and/or program goals, and outlines target populations/sub-populations to be reached and recipient responsibilities for each Program Area. See SECTION: VII for application formatting requirements and VI for review criteria.

Organizations seeking funds under this RFA should have the capacity to provide direct, enabling and/or infrastructure building services to improve outcomes for children residing in DC with asthma, sickle cell disease, or mood, emotional or behavioral disorders. Each applicant should address only one priority health condition per grant application. Preference will be given to those applicants whose proposals have the broadest reach into the community.

Programs funded under this initiative shall be based upon best practices that are science/evidence-based and are effective in improving outcomes for CYSHCN and their families. The successful applicant shall also be required to establish and demonstrate collaborative linkages via service-level agreements with referral agencies in order to facilitate, track and monitor referrals to and from their funded program.

The successful applicant will be required to participate in on-going workgroups and program meetings specifically developed to coordinate services for CYSHCN in DC and to ensure that best practices are shared and appropriate protocols are being followed.

PROGRAM AREA DESCRIPTIONS

Program Area A: **Direct Services for Children with Special Healthcare Needs, Focusing on Children/Youth with High-Priority Conditions**

A. PROGRAM OVERVIEW

Providing Children and Youth with Special Health Care Needs (CYSHCN) who reside in DC and their families with the services they need to increase the quality of their lives is one of the major priorities in the Maternal and Child Health Services Title V Block Grant Program and National and District of Columbia Healthy People 2010 goals and objectives.

HRSA has developed six core outcomes for children with special health care needs as part of the national action plan to achieve community-based service systems for CYSHCN and their families. These core outcomes are:

- 1) Families of CSHCN partner in decision making at all levels and are satisfied with the services they receive;
- 2) CYSHCN receives coordinated ongoing comprehensive care within a medical home;
- 3) Families of CYSHCN have adequate private and/or public insurance to pay for the services they need;
- 4) Children are screened early and continuously for special health care needs;
- 5) Community-based services for CYSHCN are organized so families can use them easily; and
- 6) Youth with special needs receive the services necessary to make transitions to all aspects of adult life, including work, independence, and adult health care.

According to the 2009 -2010 National Survey of Children with Special Needs, the percentage of children and youth with special health care needs, ages 0-17, in the District of Columbia is

16.6%, which is above the national average of 15.1%. There has been an increase since the 2005 study, when the DC percentage was 14.7% and the national average was 13.9%.

In addition, the RAND Corporation's 2009 Report, Health and Health Care Among District of Columbia Youth identified particular health conditions as priorities due to their prevalence and/or the patterns of health care associated with them. These priority health conditions for youth in the District are asthma, sickle cell disease and mental health conditions such as mood, behavioral and developmental disorders. Further description of these priority health conditions follow.

ASTHMA

- For 2010 the current asthma prevalence in the United States was 8.4% affecting 7.1 million children between the ages of 0–17 years, according to the Center for Disease Control and Prevention.
- In the District of Columbia, lifetime and current asthma prevalence for children were higher than the national prevalence rates. For 2010, the lifetime and current child asthma prevalence rates in the District of Columbia were 22.4 and 18.0 percent, respectively.
- Children lifetime and current asthma prevalence rates differ between groups, with higher rates among male children, African-American Non-Hispanics, and children from families with an annual income below the poverty level.
- Male children are significantly more like to have a greater lifetime and current asthma prevalence (22.1/22.2%) than females (17.9/13.8%).
- African-American children in DC have a higher prevalence of lifetime and current asthma (28.8/24.2%) compared to children within other racial groups.
- Also, lifetime and current asthma prevalence for African-American Non-Hispanic children in the District of Columbia is higher than national lifetime and current asthma prevalence rates in the rest of the U.S.

SICKLE CELL DISEASE

- As noted in the Rand Report, district children with sickle cell disease had high hospitalization rates. (2007)
- More than half of all children with this condition had at least one inpatient stay and 19% had three or more inpatient stays.
- More than three-fourths of children with sickle cell disease receiving health care from the specialty organization, Health Services for Children with Special Needs (HSCSN), had at least one emergency department (ED) visit during the year,
- Nearly 30 percent of all HSCSN enrollees with sickle cell disease were frequent ED users.

MENTAL HEALTH CONDITIONS (MOOD, EMOTIONAL, and BEHVAIORAL DISORDERS)

- Among children in HSCSN, nearly two-thirds of all qualifying diagnoses were mental health or developmental disorders. (2007)

- Among children in Medicaid/Alliance managed care and Fee for Service Medicaid in DC, 4 – 14 percent of enrollees, respectively, who used health services, have a mental health disorder or developmental delay.
- Mental health conditions contributed to 13–14 percent of inpatient stays among DC children/youth ages 5–17.
- Mental illness was a factor in 3 –5 percent of ED visits among older youth and young adults in DC.
- Episodic mood disorders, in particular, were associated with a substantial fraction (i.e., between 8 and 10 percent) of inpatient hospitalizations among DC youth ages 5–17 years.
- Among managed care enrollees in DC, the inpatient hospital readmission rate was higher in instances where the initial inpatient admission was related to a mental health issue.

B. PERSONS TO BE REACHED

The target populations prioritized for this program area are children/youth with current asthma, sickle cell disease or mood, emotional, developmental or behavioral disorders. Children/youth from communities who have higher rates of hospitalizations, ED visits or other indicators of risk due to the priority health condition should be targeted for intervention in order to improve their health status.

C. INTERVENTIONS AND PROGRAM MODELS

The following interventions will be funded for children/youth with the priority health conditions of either asthma, sickle cell disease, or mood, emotional, developmental or behavioral disorders: 1) quality improvement projects to ensure patient cohorts receive the highest standards of care (e.g. through electronic medical record prompts to assess asthma control and prescribe appropriate medication); 2) quality improvement projects to ensure patient cohorts receive and follow through with appropriate referrals to specialty or support services (e.g., routinize or automate referrals to mental health providers from the medical home); 3) provide case management for highest-risk children/youth as defined by admission/ED visit numbers or other quantifiable criteria; 4) provide transition service; and 5) offer care coordination/family navigation. Applicants may elect to implement any or all of these interventions.

D. RECIPIENT RESPONSIBILITIES

The recipient shall:

1. Select target population(s) of DC CYSHCN to receive services based upon evidence of need and upon the recipient's experience in providing services to such a population. The target populations selected must be wholly or a high-risk subpopulation of children/youth with either with asthma, sickle cell disease, or mood, emotional, developmental or behavioral disorders.
2. Develop a project work plan that is subject to review by the DOH staff.

3. Provide services for target population(s) of CYSHCN designed to improve their health outcomes related to morbidity or quality of life. Interventions may also aim to improve access to quality care.
4. All interventions chosen should be:
 - Science/evidence-based and
 - Acceptable to and understood by the target population(s) (i.e., are culturally appropriate).
5. Set performance targets for service delivery and for its anticipated impact on reducing morbidity, improving the quality of life and/or improving access to quality care.
6. Develop program objectives, among others, that are based upon the following **specific performance indicators** for each type of intervention:
 - Proportion of the intended number of the target population(s) that are actually reached with the specified intervention(s).
 - The number of clients who receive all of the services intended for them.
 - The number of clients and caregivers who are satisfied with the services that they received under the intervention (i.e., a client satisfaction survey should generally be used to gather this information).
 - For educational interventions, pre/post testing of knowledge of subject matter must be administered to evaluate the effectiveness of the intervention. Copies of all pre/posttests must be submitted to DOH for review
7. Collaborate with clinical and community partners relevant to the intervention(s) and provide documentation of community collaboration.
8. Collaborate with CHA and other DOH and DC agencies in such activities as community outreach and public and media campaigns.
9. Develop and maintain a program budget in accordance with the guidelines included in this RFA (see ATTACMENT G). All funds allocated under this RFA must be used for the express purpose of the delivery of approved services in accordance with the requirements of the DC Government.

Program Area B:

Enabling Services for Children/Youth with Special Healthcare Needs

A. PROGRAM OVERVIEW

Enabling services are non-medical services that facilitate timely and appropriate access to care. They are also services that can improve the quality of care for patients. All children and youth with special health care needs deserve easy access to high-quality care to ensure their proper development and their quality of life. Enabling services support and improve outcomes for all users of the health care system, and they have an especially positive impact on children and youth with special health care needs since this population frequently interfaces with health care and support service systems.

According to the Rand Corporation's Report Health and Health Care among District Youth (2009), access to primary care among the pediatric population remains a challenge. For instance:

- Ambulatory care-sensitive inpatient hospitalization (ACS-IP) rates, which are related to the availability and efficacy of primary care, increased among the youth population in the District between 2004 and 2007. The most notable increase was among children ages 0–4.
- Among publicly insured children, rates of office-based health care use in the District appear to be well below national rates.
- Among nondisabled children in managed care, about 27 percent use the emergency department (ED) during a year as compared to a 42 percent use rate among disabled children.
- District parents, teens, and providers have noted particular difficulty accessing dental and mental health care as well as developmental assessments.

Some of the barriers to health care for the pediatric population that were cited by the Rand report include:

- Limited availability of appointments for primary care
- Limited availability of off-hours (evening, weekend, early morning) ambulatory care
- Limited number and accessibility of pediatric specialists
- Perceived lack of understanding among providers of cultural and neighborhood issues
- Limited availability of providers who speak languages other than English or who provide translation services
- Concern about appropriateness and accessibility of adolescent health services
- Lack of a standard, uniform, and facile process for the authorization of specialty care referrals

B. PERSONS TO BE REACHED

The target populations for this program area are children and/or youth with special health care needs. Applicants can focus on a particular population or subpopulation(s), using data to justify their selection, including how the particular intervention will likely have the desired impact. Preference will be given to those applicants who propose services that are innovative and have the potential for broad reach.

C. INTERVENTIONS AND PROGRAM MODELS

Interventions that address the barriers to care cited above or others as documented by the applicant and supported by evidence, will be considered for funding. Examples of such interventions follow: 1) projects to improve the quality of healthcare delivery system design (e.g., open access clinic hours); 2) projects to ensure that patients receive and follow through with appropriate referrals to specialty or support services; 3) case management for highest-risk children/youth as defined by hospital admissions; ED visits, or other quantifiable data; 4) translation services; 5) patient/family navigation; 6) care coordination; and 7) family support services. Applicants may elect to implement any of these interventions or others that are appropriate.

D. RECIPIENT RESPONSIBILITIES

The recipient shall:

1. Select a target population to receive enabling services based on evidence of need. The population selected must be DC children and/or youth with special health care needs or specific subpopulation(s) of those groups
2. Develop a project work plan that is subject to review by the DOH. Any deviation from your work plan has to be approved.
3. Provide enabling services for target population(s) to improve their access to quality care that are:
 - Evidence-based, and
 - Acceptable to and understood by the target population (i.e. are culturally appropriate).
4. Set performance targets for service delivery and its anticipated impact on improving access to quality care.
5. Conduct evaluation activities on the delivered intervention utilizing tools and reporting systems approved and authorized by CHA.
6. Develop program objectives based on the following specific performance indicators for each intervention type:
 - Proportion of the intended number of the target population(s) to be reached with the specified intervention(s).
 - The number of clients who actually receive services under the intervention.
 - The number of clients/caregivers satisfied with services they received. (Client satisfaction surveys should be used to gather this information).
 - For educational interventions, pre/post testing of knowledge of subject matter must be administered to evaluate the effectiveness of the intervention. Copies of all pre/posttests must be submitted to DOH for review
7. Collaborate with clinical and community partners to inform and coordinate service delivery.

8. Collaborate with CHA and other DC Department of Health agencies in related activities such as community outreach or public information and media campaigns that target prioritized populations.
9. Develop and maintain a program budget in accordance with the guidelines included in this RFA (**ATTACHMENT G**)

Program Area C:

Infrastructure-Building Services for Children/Youth with Special Healthcare Needs

A. PROGRAM OVERVIEW

In order that children and youth with special healthcare needs can receive comprehensive, coordinated and high quality healthcare, it is essential that such services be supported by an infrastructure that continually supports and enhances them. The term “infrastructure” in this context refers to a wide variety of activities, programs and organizations that contribute to programmatic support. Examples include systems of program and institutional assessment; evaluation and quality assurance activities for healthcare and related services; strategic planning; policy development and analysis; standards development; design and operation of healthcare delivery systems; applied research and development activities and programs; training of personnel involved in the delivery of services; and design and operation of information systems.

B. PERSONS TO BE REACHED

The target populations for this program area are children and youth residing in DC who have special healthcare needs and the institutions and individuals who provide them with the services that they require. However, the emphasis here is not on the services but on the way in which they can be better delivered, coordinated, planned and/or evaluated. Among the proposals that are likely to be submitted under this Program Area, the ones that are most likely to be supported are those which have the broadest impact and which are the most innovative.

C. INTERVENTION AND PROGRAM MODEL

Interventions that improve the infrastructure for healthcare delivery for children and youth with special health care needs and that are evidence-based will be considered for funding. Projects such as the following provide examples of such projects: 1) quality assurance projects that permit the efficiency and effectiveness of healthcare delivery systems to be continuously evaluated and improved; 2) conducting strategic planning for a group of providers of services to children/youth with special healthcare needs in an area of DC where such providers lack resources for planning for the future of their organizations; 3) analyzing existing DC Government policies and the laws derived from them that affect the health and life quality of children and youth with special healthcare needs and developing more constructive policies; 4) developing curriculums for individuals who provide health-related services to children and youth with special health care needs in order to improve their requisite skills and knowledge; and 5) developing supportive information systems.

A program that involves development of a Parent Consultation model utilizing evidence based or promising practices related to family/professional partnerships will be considered for funding: Such programs might include training families on how to partner with service professionals and training these professionals on how to work with families; and training families to advocate for their needs in the public sector..

If the program is to provide navigation services or information about navigation services, it should utilize evidence-based practices related to family-centered care such as one-to-one family-to-family support; should help families in navigating service systems; and should link with and/or provide interventions and training to improve the family-centeredness & cultural competence of providers and care systems.

D. RECIPIENT RESPONSIBILITIES

The Recipient shall:

1. Select target population(s) to be the beneficiary of improved infrastructure for healthcare services. These populations must be children and/or youth residing in DC with special healthcare needs or subpopulations of these groups.
2. Provide improved infrastructure services for the target population(s) that are:
 - Evidence-based, and
 - Acceptable to and understood by the target population(s) (i.e., are culturally appropriate).
3. Set targets for improved infrastructure and its anticipated impact on improving healthcare quality.
4. Provide a model for collaboration between families of children and youth with special health care needs and health professionals within the DC through such innovations as:
 - Conducting outreach and developing effective collaborative partnerships with families, health care providers, managed care organization, health care purchasers, appropriate DC agencies, community based organizations, and/or other appropriate groups in order to achieve desired project outcomes;
 - Developing effective tools and strategies for ongoing partnerships, communication, information sharing/dissemination and mentoring opportunities for all involved families, with special efforts to include families with culturally, linguistically, socio-economically and geographically diverse backgrounds;
 - Providing the rationale and evidence supporting the proposed intervention/strategies;
 - Describing activities which are capable of addressing the problem issues and attaining the project objectives based upon evidence; and
 - Integrating policies and practices of family-centered care, meaningful family/professional partnerships and cultural and linguistic competence throughout the project's activities.

5. Utilize evidence based practices related to cultural and linguistic competence including
 - The development of cultural competence policies designed to support culturally and linguistically competent practices;
 - Providing appropriate language access with current, accurate and culturally/linguistically appropriate information to families, while accounting for their health literacy levels; and
 - Engaging cultural brokers where appropriate.
6. Conduct monitoring and evaluation of the services provided utilizing tools and reporting systems required by DOH (**ATTACHMENT I**). In this regard, the recipient must develop program objectives based on the following specific performance indicators for each intervention type:
 - Proportion of members of the target populations expected to be reached with the specified service(s) that were actually reached,
 - Proportion of persons that completed the intended number of sessions for each of the interventions implemented, and
 - The number of successful referrals made to other treatment or support services.
7. Collaborate with other HRSA-funded Block Grant activities or entities to ensure sharing of best practices and integration of services and systems
8. Collaborate with CHA and other DOH and DC agencies in related activities such as community outreach, operating resource centers, and conducting public information and media campaigns that target children/youth with special health care needs residing in DC and their families.
9. Develop and maintain a program budget in accordance with the guidelines included in this RFA (See **ATTACHMENT G**)

SECTION VI: REVIEW AND SCORING OF APPLICATIONS

REVIEW AND SCORING OF APPLICATIONS

Review Panel

A review panel will be formed for purpose of reviewing the submitted applications, composed of neutral, qualified, professional individuals who have been selected for their unique experiences in such areas as 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 proposal, and will make recommendations for grant awards based on the scoring and ranking process.

Scoring Criteria

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

Criterion A	Knowledge and Understanding of Need	Total 20 Points
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In this section the applicant should justify the need for the proposed services for the target population.

<p>A-1</p>	<p>Knowledge and understanding of needs and characteristics of the target populations.</p> <p><u>Example:</u> The applicant describes the specific needs of families of children and youth with special health care needs and the types of providers and services they utilize. The applicant must reference current relevant projects and programs for CYSHCN and their families, conducted by the applicant organization. The data that documents the need for parent and family delivery and support services must be described.</p>	<p>10 points</p>
<p>A-2</p>	<p>Knowledge and understanding of barriers that the target population faces in attempting to access needed services.</p> <p><u>Example:</u> The applicant lists the barriers that the target populations face while attempting to access needed programs, activities and support service, and indicates which barriers will be addressed in the applicant’s grant proposal. The applicant describes what the proposed program will do to eliminate or reduce these barriers and make services more accessible.</p>	<p>10 points</p>

Criterion B Theoretical and Technical Soundness of Proposal Total 40 Points

In this section the applicant will provide sufficient information on how the proposed program will be implemented. The applicant will present relevant and realistic goals, objectives and activities. The goals and objectives proposed should be those that are likely to be achieved; the activities must be sound, creative and specific; the time internal in which the goals and objectives are to be accomplished is reasonable; and the outcomes will be measurable. The applicant will also describe how services are to be provided (i.e., either by the proposed organization or in collaboration with another organization). Scoring under this Criterion will be as follows:

<p>B-1</p>	<p>PROGRAM MODEL</p>	
<p>(a)</p>	<p>The applicant proposes to implement an evidence-based program model with documented evidence of its effectiveness for the specific target population/s to be reached and / or interventions to be provided through the funded program.</p>	<p>5 points</p>

<p>B-2</p>	<p>PROGRAM GOALS OBJECTIVES AND ACTIVITIES</p>	
<p>(a)</p>	<p>The applicant describes program goals and objectives that are time-phased, measurable and specific for each proposed intervention. The proposed numbers and characteristics of the target populations are reasonable given program objectives. The applicant should include provisions for linkages to relevant services.</p> <p>The applicant describes goals, objectives and major activities for each intervention to be implemented. For each intervention, the applicant includes the numbers of individuals to be reached with their, gender/s and race/ethnicity. The applicant must describe evaluation objectives and activities for each intervention. The applicant must propose an adequate</p>	<p>10 points</p>

	plan for linkages to other needed services. The activities and goals must be specific, time-oriented, measurable, and have identified staff responsible. (Attachment E – Work Plan) Include both a narrative description and work plan for greater level of detail.	
(b)	The applicant must describe how the program will be managed. The applicant must include information on the roles and responsibilities of the proposed program staff and administrative staff and the staff’s skills and experience related to providing services to the target population.	5 points
(c)	The applicant must present a timeline with the start and completion dates of the program's major activities as contained in the work plan and narrative description. The applicant should describe the details of its time line, and includes information on the most important steps in the project and the approximate dates for when an activity or step is to begin and to be completed.	5 points
B-3	CLIENT ACCESS AND RETENTION	
	The applicant must describe how the target population will be made aware of its program and that this population will be able to access the proposed services.	5 points
B-4	SUSTAINABILITY	
	The applicant must describe a plan for sustainability of the project. The applicant must include in this plan how collaboration with other federally funded family-centered entities/activities will occur both during the grant period and beyond.	5 points

Criterion C: Quality Assurance – Evaluation Plan	Total 20 Points
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In this section, the applicant must discuss how the proposed program will be monitored and how its quality will be assured. The process evaluation will examine the development and implementation of the proposed applicant activities; assessing whether strategies are being implemented as planned and whether expected outputs are actually produced. The process evaluation can utilize both qualitative and quantitative data collection methods to examine program implementation with attention to how program components work together to produce desired outcomes; highlighting strategies and barriers to achieving desired outcomes.

An **outcome evaluation** is a type of evaluation that investigates whether changes occur for participants in a program and if these changes are associated with a program or an activity. Such evaluations examine whether, to what extent, and in what direction outcomes change for those in the program. **Outcomes** are specific attitudes, knowledge, behaviors, or skills of children or youth that programs aim to influence positively.

The program’s activities, staffing/ resources, data collection activities and data collection tools (surveys for example) and time line must also be presented to DOH for review.

C-1	The applicant’s proposal identifies methods for conducting process evaluations related to the objectives and how this information will be used to make changes in the proposed intervention. For example, the applicant should provide information on how its staff’s activities will be monitored and assessed to determine if the intervention is being implemented as designed.	5 points
C-2	The applicant’s proposal identifies methods for conducting outcome evaluations related to the objectives outlined in the proposed interventions, including information on how the outcome data will be collected, analyzed and used to improve the intervention.	5 points
C-3	The applicant submits a well conceived logic model and performance measures template (Appendix F).	5 points
C-4	The applicant must describe the measures that will be adopted to ensure that the target population is aware of the intervention and is able to access its proposed services.	5 points

Criterion D: Organizational History and Experience **Total 20 Points**

In this section, the applicant must describe the overall experience of the applicant organization in working with the target population.

D-1	The applicant must describe relevant experience providing specific services to the target population similar to those proposed in the application.	10 points
D-2	The applicant must demonstrate other relevant experience with providing health and social services to the target population.	10 points

Criterion E: Budget Justification **NOT SCORED**

In this section the applicant must provide a detailed description of budget needs of the proposed project and the type and number of staff needed to successfully provide the proposed services. Please include as much detail as possible to support each budget item, and list each cost separately when possible. **NOTE:** CHA may not approve or fund all proposed activities or expenditures.

E-1	The applicant's proposed budget is reasonable and realistic.	Not Scored
E-2	The resources and personnel proposed are sufficient to achieve the objectives of the proposed program. <u>Example:</u> The applicant should describe budget and staffing needs. Specifics of a spending plans for the grant funds should be provided, (i.e., how much funding is needed to provide services to the target population for staff, supplies, incentives, and other proposal needs), how much is	Not Scored

	<p>needed to operate the organization (i.e., staff, supplies, rent, etc.), how much is needed for contracting with other individuals or organizations (i.e., evaluation consultant, auditor, etc.). A description must be provided for each job to be funded by the grant, including job title, function, general duties, specific activities, the rate of pay and whether it is hourly or salary, and how much time will be spent on the specific program activities (give this in a percentage, i.e., 50% of time spent on evaluation). If known, the names and titles of each person expected to work in the program including staff members and consultants, must be provided. Include potential staff resumes (if available). If staff is not yet identified, the applicant should discuss plans for staff recruitment.</p>	
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SECTION VII: PROPOSAL FORMAT ALL PROGRAM AREAS

Applicants are required to follow the format listed below and each proposal submitted and must contain the following information:

SECTION / DOCUMENT	TOTAL PAGES (Not to Exceed 20 pages)
Official Transmittal Letter	Not counted in page total
Application Profile (See Attachment A)	Not counted in page total
Table of Contents	
1. Knowledge and Understanding of Need	3 Pages
2. Theoretical and Technical Soundness of Proposal	10 Pages
• Program Model	
• Program Goals, Objectives and Activities	
• Client Access, Retention and Referral	
• Management and Staffing	
• Sustainability Plan	
3. Quality Assurance, Program Evaluation and Data Collection	3 Pages
4. Organizational History & Experience	2 Pages
5. Budget Table (See Attachment G) & Narrative Justification	2 pages
6. Certifications and Assurances (See Attachments B, C and D)	(Not Counted in Page Total)
7. Project Work Plan (See Attachment E)	
8. Staffing Plan (See Attachment F)	
9. Evaluation Plan (See Attachment H)	
10. Logic Model (See Attachment I)	
11. Original Receipt (See Attachment J)	
12. Appendices (Resumes, Organizational Chart, Position Descriptions)	

Formatting Requirements

The total pages of the proposal cannot exceed 20 double-spaced pages (see chart above). Ensure that the applications are printed single sided, on 8 ½” x 11” white, paper. Margins must be at

least one (1) inch at the top, the bottom, and the left and right of the paper. Please left-align all text. Use Times Roman typeface. The text portions of the application must be submitted in 12 point type and 2.0 line spacing. The table portions of the application must be submitted in 12 point type and 1.0 line spacing., applicants may use a different pitch or size font (but not less than 10 pitch or size font) for charts, graphs, footnotes, and budget tables. However, it is vital that the charts and tables be clear and readable when scanned or reproduced. All pages must be numbered. **Applications that do not adhere to these requirements will not be reviewed by the panel.**

Description of Proposal Sections

The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. It is important that proposals reflect continuity among the goals and objectives, program design, and work plan of activities, and that the budget demonstrates the level of effort required for the proposed services.

Official Transmittal Letter

An individual authorized to submit applications on behalf of the organization must sign a letter transmitting the proposal to the CHA Office of Grants Monitoring and Program Evaluation.

Applicant Profile

Each application must include an Applicant Profile, which identifies the applicant including the type of organization, years of experience in similar programs and the amount of grant funds requested. **See Attachment A.**

Table of Contents

The Table of Contents should list major sections of the proposal with reference page indexing.

Knowledge and Understanding of Need

This section should contain a description of the target population and its risk behaviors; a description of the barriers the target population faces in order to achieve optimal health outcomes or to access services and how the proposed program will reduce those barriers; a description of how the applicant will work with other organizations to improve the health and quality of life of DC children with special health care needs and their families; the services to be provided to the target population; and a description of the wards and/or neighborhoods where services will be provided along with the reasons for choosing those areas.

Theoretical and Technical Soundness of Proposal

In this section the applicant will provide sufficient information on how the proposed program will be implemented. The applicant will present relevant and realistic goals, objectives and activities. The goals and objectives proposed are those that are likely to be achieved; the activities will be sound, creative and specific; the time internal in which the proposed interventions are to be accomplished is reasonable; and the outcomes will be measurable. The applicant will also describe how services are to be provided (i.e., either by the proposed organization or in collaboration with another organization).

Program Model Overview

This section of the application should name and/or describe which specific program model will be used and demonstrate the extent to which the proposed program model or approach is evidence-based. The applicant should specify the theory, approaches, and relevance of the program model to addressing the children with special health care needs populations /categories that the proposal targets. The applicant should also reference curricula, assessment instruments or materials that will be used in the program.

Program Goals, Objectives and Activities

This section of the application should contain goals, objectives and the major activities designed to reach those objectives, for each intervention that the applicant intends to implement.

The applicant must provide objectives that are measurable and must be presented in the SMART format (i.e., objectives are Specific, Measurable, Attainable, Realistic and Time-oriented).

Process objectives describe the number of individuals that will be reached, the demographics of those individuals, the number of materials and literature/ information packets distributed, the number of referrals made and for what types of services.

Outcome objectives must describe the changes in knowledge, attitudes, beliefs and behavior that will take place as a result of implementing an intervention. **Use the format shown in the example below for stating the proposal's goals and objectives:**

Example:

Intervention: Family Navigation

Goal #1: Provide community based navigation services and referrals for children and youth with special health care needs.

Objective: By the end of the 12th month of the project, navigation and referral services will have been provided for 100 children and youth with special health care needs in a community based center through referrals and four face-to-face outreach contacts.

Activity #1 – Establish a site or referral system of community based primary and specialty health care and social service providers who will agree to serve target population by the end of the third month.

Activity #2 – Inform the target population of the availability of these services and begin the referral process by the end of the sixth month.

Activity #3 - Track number of referrals made and referrals completed beginning at the end of the sixth month.

Activity #4 - Identify barriers to and facilitators for successful referrals and make modifications to referral system as needed by the end of the 12th month.

Management and Staffing of the Program

This section should contain a description of how the applicant will manage the program, including information on the skills and experience of the program staff.

Timeline

This section contains a description of the timeline contained in the attached workplan.

Client Access, Retention and Referral

This section should contain a description of how the applicant will help clients obtain the services and treatment they need (e.g., occupational therapy, developmental assessment, hearing aids, and social services such as housing and transportation). The applicant should include copies of any agreements that have been executed with other organizations that will provide services to the applicant's clients.

If the applicant's project is implementing individual prevention counseling, psycho-educational skills building groups and/or prevention case management, the proposal should describe how it will be determined if clients have accessed the services to which they are referred.

Sustainability Plan

This section will describe how the applicant plans on maintaining the program after the grant period ends.

Quality Assurance, Program Evaluation and Logic Model

In this section the applicant should describe the proposal evaluation from both a process and an outcome perspective. Process evaluation describes how an organization will remain focused on implementing a quality program with fidelity and timeliness, in alignment with the proposed performance measures and with adherence to the proposed budget.

Outcome evaluation describes how the applicant's organization utilized appropriate evaluation instruments and methods to document the outcome(s) and impact(s) of the proposed intervention. The applicant must submit an evaluation plan (see Appendix I) that provides specific details on the following program components:

1. Evaluation performance measures and indicators (qualitative and quantitative)
2. Proposed data collection instruments/tools and evaluation design/methodology with justification for their selection
3. Data sources (with baseline data if available)
4. Staff responsible for evaluation activities
5. Timeline of proposed evaluation activities
6. Data analysis and reporting plan.

The applicant must also submit a program logic model (see Appendix J) that includes the following information:

1. Proposed resources/inputs
2. Proposed program activities

3. Proposed program outputs
4. Short/intermediate/long-term outcomes (where applicable).

Applicants must align the proposed activities within the narrative and work plan to those in the proposed evaluation plan.

Organizational History and Experience

In this section the applicant should describe relevant experience providing services to the target population; providing other health and social services to the target population; and linking and collaborating with other organizations to provide services for the target population.

Program Budget and Budget Narrative

The budget forms that are to be used in the applicant's proposal are provided in Attachment G. The budget for this proposal must contain detailed, itemized cost information covering personnel and other direct and indirect costs. The detailed budget narrative must contain a justification for each category listed in the budget. The narrative should clearly state how the applicant arrived at the budget figures.

Personnel

Salaries and wages for full and part-time project staff should be calculated in the budget section of the grant proposal. If staff members are being paid from another source of funds, their time on the project should be referred to as donated services (i.e., in-kind, local share and/or applicant share). Applicants should include any matching requirements, i.e. in-kind employees.

Non-personnel

These costs generally include expenditures for space, rented or donated, and should be comparable to prevailing rents in the surrounding geographic area. Applicants should also add in the cost of utilities and telephone services directly related to grant activities, maintenance services (if essential to the program) and insurance on the project's facility.

Costs for equipment rental, lease and/or purchase of equipment should be included, including office equipment, desks, copying machines, word processors, etc. Costs for supplies such as paper, stationery, pens, computer diskettes, publications, subscriptions and postage should also be estimated.

All transportation-related expenditures should be listed including estimates of staff travel, pre-approved per diem rates, ground transportation, consultant travel costs, employee reimbursement and so forth.

Indirect Costs

Indirect costs are cost that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. Indirect Cost is capped at 10%.

Certifications and Assurances

Applicants shall provide the information requested in Attachments B, C and D and return them with the application.

Appendices

This section may be used to provide technical material, supporting documentation and endorsements. Such items may include:

- Annual audits, financial statements and/or tax returns;
- Indication of nonprofit corporation status;
- Roster of the Board of Directors;
- Proposed organizational chart for the project;
- Letters of support or endorsements;
- Staff resumes (required); and
- Planned job descriptions.

Section VII ATTACHMENTS

A	APPLICANT PROFILE
B	CERTIFICATIONS
C	STATEMENT OF CERTIFICATION
D	ASSURANCES
E	WORKPLAN
F	STAFFING PLAN
G	BUDGET TABLE
H	EVALUATION PLAN
I	LOGIC MODEL
J	ORIGINAL RECEIPT

ATTACHMENT A

Applicant Profile

Applicant Name: _____

TYPE OF ORGANIZATION

Small Business____ Non-Profit Organizations ____Other____

Contact Person:

Office Address: _____

Telephone/Fax: _____

E-Mail Address: _____

Description of Proposed Program Area:

Program Area A Direct Healthcare Services for CYSHCN

Program Area B Enabling Services for CYSHCN

Program Area C Infrastructure-building Services for CYSHCN

BUDGET

Total Funds Requested: \$ _____

Attachment B

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



Certifications Regarding, Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -111, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

The applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and

- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The applicant certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
- (1) The dangers of drug abuse in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
 - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
 - (7) Abide by the terms of the statement; and
 - (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
 - (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Community Health Administration, 899 North Capitol St. NE, 3rd Floor, Washington, DC 20002. Notice shall include the identification number(s) of each effected grant.
 - (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---

- (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (l), (c), (d), (e), and (1).
- (11) The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:
- Place of Performance (Street address, city, county, state, zip code)
- Drug-Free Workplace Requirements (Awardees who are Individuals)
- As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67.615 and 67.620-
- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:
D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

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

Applicant Name

Street Address

City _____ **State** ____ **Zip Code** _____

Application Number and / or Project Name

Grantee IRS/Vendor Number

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

ATTACHMENT C

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Department of Health Statement of Certification

- A. The applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the applicant has a satisfactory record performing similar activity as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an applicant's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the applicant has a satisfactory record of integrity and business ethics;
- L. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;

ATTACHMENT D

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH**

Federal Assurances

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal

**Maternal and Child Health Block Grant Application
PROPOSED WORK PLAN**

Agency:		Program Model / Name:	
Program Area:		Primary Target Population:	
GOAL 1:			
Measurable Objectives/Activities:			
Objective #1			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
• • •	• • •	• • •	• • •
Objective #2:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • • •	• • •	• • •	• • •
Objective #3:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • •	• • •	• • •	• • •

ATTACHMENT G

**Maternal and Child Health Block Grant
BUDGET**

Agency:

Service Area:

Project Manager:

Budget:

Telephone #:

BUDGET CATEGORY	PROPOSED ALLOCATION
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual	
Other	
Subtotal Direct Costs	
Indirect/Overhead (Not to Exceed 10%)	
TOTAL:	

ATTACHMENT J

**Maternal and Child Health Block Grant
RECEIPT**

**District of Columbia, Department of Health
Office of Grants Monitoring and Program Evaluation
899 North Capitol, NE- 3rd Floor
WASHINGTON, DC 20002**

**Maternal and Child Health Block Grant
RFA# CHA-122612**

**THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION
OFFICE OF GRANTS MONITORING AND PROGRAM EVALUATION
IS IN RECEIPT OF**

(Contact Name/Please Print Clearly)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone)

(Fax)

(E-mail Address)

(Program Title- If applicable)

\$ _____
(Amount Requested)

Program Area for which funds are requested in the attached application:
(Check Just one per Application)

- Program Area A
- Program Area B
- Program Area C

[District of Columbia, Department of Health USE ONLY]
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES
RECEIVED ON THIS DATE: _____/_____/2013
TIME RECEIVED: _____
RECEIVED BY: _____

ATTACHMENT H

Maternal and Child Health

EVALUATION PLAN FOR (Insert Grantee Name and Project Name)

Objective:

Evaluation Questions	Indicators	Data Sources	Data Collection	Data Collection Timeline	Data Analysis Plan	Communication	Staff Responsible
Are individuals exercising more?	Number of individuals that engaged in 30 minutes for exercise at least 3 days per week	Monthly physical activity logs	Count number of 30 minute workout sessions	Annually <i>This is an example</i>	Compare exercise actives for start of program and end of year 1.	Quarterly and Annual reports	

ATTACHMENT H

**Maternal and Child Health Block Grant
EVALUATION PLAN TEMPLATE
EVALUATION PLAN FOR**

Objective 1:							
Evaluation Questions	Indicators	Data Sources	Data Collection	Data Collection Timeline	Data Analysis Plan	Communication Plan	Staff Responsible
Objective 2:							
Evaluation Questions	Indicators	Data Sources	Data Collection	Data Collection Timeline	Data Analysis Plan	Communication Plan	Staff Responsible
Objective 3:							
Evaluation Questions	Indicators	Data Sources	Data Collection	Data Collection Timeline	Data Analysis Plan	Communication Plan	Staff Responsible

- Copy and paste as needed to complete the evaluation plan.

ATTACHMENT I

**Maternal and Child Health Block Grant
LOGIC MODEL**

LOGIC MODEL FOR (Insert Grantee Name or Project Name)			EXAMPLE		
RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES
<p>What resources are available to support the program that is being evaluated (e.g. staff, funding, time, partnerships, technology, etc.)?</p>	<p>What specific activities are undertaken or planned to achieve the program outcomes?</p>	<p>What products (e.g. materials, units of services delivered) are produced by your staff as a result of the activities performed?</p>	<p>What occurs between your activities and the point at which you see these ultimate outcomes?</p> <p>Example: Change in Knowledge</p>	<p>What occurs between your activities and the point at which you see these ultimate outcomes?</p> <p>Example: Change in Behavior</p>	<p>What do you ultimately want to change as a result of your activities?</p> <p>Example: Long term changes over time</p>

ATTACHMENT I

**Maternal and Child Health Block Grant
LOGIC MODEL TEMPLATE**

