

COMMUNITY TRANSFORMATION GRANT

Request for Applications

RFA# CHA_CTG_1.25.13

Submission Deadline:

Thursday, February 28, 2013 by 4:00 pm



**District of Columbia Department of Health
Terms for Requests for Applications & Funding**

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

- Funding for an award is contingent on continued funding from the DOH grantor or funding source.
- The RFA does not commit DOH to make an award.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
- DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
- 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. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application i.
- 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 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 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.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at the following site: www.opgs.dc.tov (click on Information) or click here: [City-Wide Grants Manual](#)

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

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CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Grant Funding (NEW) and affixed it to the front of the Application Package. which includes an applicant profile, proposal summary/abstract, contact information, and all assurance and certification documents)
- The Complete **Application Package**, includes the following:
 - ✓ DOH Application for Grant Funding
 - ✓ Project Narrative
 - ✓ Project Workplan
 - ✓ Project Budget & Justification
 - ✓ Package of Assurances and Certification Documents
 - ✓ Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization
- The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- The Project Narrative is printed on 8½ by 11-inch paper, **double-spaced**, on one side, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application proposal format conforms to the “Application Elements” listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The Proposed Workplan is complete and complies with the forms and format provided in the RFA
- The Applicant is submitting one (1) marked original and (1) hard copy.
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than 4:00 p.m., on the deadline date of February 28, 2013

I. GENERAL INFORMATION

A. Key Dates

Notice of Funding Announcement: January 11, 2013

Request for Application Release Date: January 25, 2013

Pre-Application Meeting Date: January 31, 2013

Application Submission Deadline: February 28, 2013

Anticipated Award Start Date: April 1, 2013

B. Overview

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion allocated funding to the District of Columbia Department of Health for the Community Transformation Grant Program (CTG), which is a part of the Community Health Administration.

The Government of the District of Columbia, Department of Health Community Health Administration seeks to implement systems, environmental, and programmatic changes aimed at increasing physical activity and proper nutrition, reducing weight, reducing tobacco use, and improving chronic disease outcomes. Program areas for this grant support the following Community Transformation Grant for Small Communities (CTG) Strategic Directions: Tobacco-Free Living, Healthy Eating and Active Living, and Healthy and Safe Physical Environments leading to reduced chronic disease morbidity and mortality in the District of Columbia. Program areas include: 1) Active Transportation, 2) Smokefree Public Housing, 3) Chronic Disease Management and Prevention and 4) the Baby Friendly Hospital Initiative.

The Active Transportation Initiative will address barriers to active transportation options in Wards with the least access; the Smokefree Public Housing Initiative will work with public housing stakeholders to address the harmful effects of secondhand smoke in developments housing the most vulnerable populations; the Chronic Disease Self Management & Prevention Initiative will enhance the capacity of community health workers to support chronic disease self management and prevention and address barriers to community health worker utilization in reaching the most vulnerable populations in their communities and the Baby Friendly Hospital Initiative will enable hospitals and birthing centers to progress towards a Baby Friendly designation.

Through previous community health assessments, DC DOH has determined that chronic disease morbidity and mortality are not evenly spread across the population, but that poor health outcomes disproportionately affect particular Wards and often correspond to demographics such as race/ethnicity and socio-economic status. Therefore, DC DOH

will target CTG efforts in Wards 1, 4, 5, 6, 7, and 8, producing the greatest impact on decreasing chronic disease morbidity and mortality for high risk populations.

C. Source of Funding

This Centers for Disease Control (CDC) award is pursuant to the authority under section 4201 of the Affordable Care Act and the Fiscal Year 2012 Consolidated Appropriations Act, Section 4002.

D. Amount of funding available

This RFA will make available \$875,000 to implement the Community Transformation Grant Program Areas for eighteen (18) months.

| Program Area | Amount | Number of Awards |
|--|-----------|------------------|
| Active Transportation | \$115,000 | two (2) |
| Smokefree Public Housing | \$150,000 | one (1) |
| Chronic Disease Self Management & Prevention | \$450,000 | one (1) |
| Baby Friendly Hospital | \$160,000 | one (1) |

E. Performance and Funding Period

The anticipated performance and funding period is April 2013 – September 2014. Award amounts and project periods are dependent upon receipt of funds from the federal grantor agency, Centers for Disease Control and Prevention expressly for the purpose of this program initiative.

F. Eligible Applicants

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

- Private non-profit organizations
- Private entities include hospitals, community health centers, community-based and faith-based organizations.

Considered for funding shall be organizations meeting the above eligibility criteria and having documentation of providing services to intervention populations with high documented burdens of chronic diseases, conditions and risk factors and with the following experience and support in place: demonstrated success working with multiple sectors or experience working with community, or other leaders, as appropriate, and

demonstrated track record of improving community outcomes (including documented evaluations) through policy, environmental, programmatic and infrastructure strategies; and demonstrated ability to meet reporting requirements related to programmatic, financial, and management benchmarks as required by the RFA.

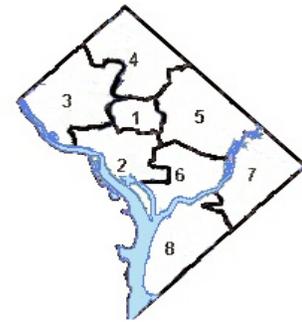
II. BACKGROUND & PURPOSE

A. Background

The District of Columbia (DC or the District) is an ethnically-diverse and compact geographic area measuring 61 square miles and comprised of a population of 601,723 (US Census Bureau, 2010). This represents an increase of 5.2 percent between decennial census years 2000 (572,059) and 2010.

The District is geographically divided into four quadrants (northeast, northwest, southeast and southwest) and eight electoral wards (Figure 1). Located in the northwest quadrant of the city, Wards 1 and 4 are home to most of the District's Hispanic American population, while Wards 5 and 6 are located in the northeast quadrant of the city and the population is predominantly African--American. The residents of Wards 7 and 8 are more than ninety percent African-American. The wards are evenly divided in terms of population size, however, they are extremely divergent relative to socio-economic status, health and wellness and chronic disease.

FIGURE 1: MAP OF THE DISTRICT OF COLUMBIA WITH ELECTORAL WARDS



The disparities in prevalence of chronic conditions between the District's wards are clear and disturbing as depicted in Table 1. The rate of diabetes in Ward 7 is almost two (2) times that of Ward 2 and five (5) times that of Ward 3. When comparing diabetes rates to Ward 8 the disparity is even greater: 2.5 times that of Ward 2 and almost seven (7) times that of Ward 3. Obesity rates are also startling. The obesity rate in Ward 7 is more than 2.5 times that of Ward 2 and nearly five (5) times that of Ward 3. Ward 8 rates for obesity are three (3) times that of Ward 2 and almost six (6) times that of Ward 3. The prevalence of stroke is almost eight (8) times greater in Ward 8 than in Ward 3.

TABLE 1: Adult Health/Wellness-Chronic Disease Indicators by Ward

| Disease or Condition | Wards – Percentage of Population (Prevalence) | | | | | | | | DC |
|--|---|-------|-------|-------|-------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Smokers | 10.7% | 8.3% | 8.5% | 8.9% | 23% | 15.4% | 22.3% | 29.7% | 15.6% |
| Overweight | 33.9% | 30% | 35.7% | 36.7% | 36.6% | 34.8% | 34.6% | 32.9% | 33.8% |
| Obese | 21.3% | 14.4% | 7.5% | 25.8% | 29.9% | 17.4% | 35.3% | 44.4% | 22.4% |
| *Participate in Moderate Physical Activity | 45.3% | 51.5% | 44.7% | 29.9% | 31.4% | 46% | 25.2% | 29.9% | 38.9% |
| *Consume 5+fruits & | 29.9% | 36.5% | 40.7% | 26.2% | 32.5% | 30.1% | 27.8% | 26.1% | 31.5% |

| | | | | | | | | | |
|------------------------|------|------|------|-------|-------|-------|-------|--------|-------|
| vegetables per day | | | | | | | | | |
| Diabetes | 7.1% | 6.1% | 2.2% | 10.2% | 12.5% | 6.7% | 11.6% | 15.2 % | 8.3% |
| Stroke | 2.2% | 2.9% | .7% | 3.2% | 5.7% | 3.5% | 6.5% | 5.5% | 3.4% |
| Coronary Heart Disease | 1.5% | 1.2% | 2% | 2.2% | 2.4% | 2.9% | 4.8% | 3.6% | 2.6% |
| Asthma | 6.8% | 9.0% | 8.5% | 10.5% | 15.7% | 11.4% | 17.5% | 10.7% | 10.4% |

Source: District of Columbia Behavioral Risk Factor Surveillance System (BRFSS) 2010 Annual Report; *District of Columbia BRFSS 2009 Annual Report.

The elimination of chronic conditions and their causative racial, ethnic and socio-economic factors are key to eradicating health disparities, poor health outcomes and premature death among the District ethnic minority populations. Poor health outcomes disproportionately affect certain District wards and often correspond to demographic factors such as race and ethnicity. As reflected in Table 2, when examining health data by race and ethnicity, morbidity is not evenly distributed in the District's population. The rate of chronic conditions and risk factors for chronic disease are much higher among African-American residents. The incidence of diabetes, for example, is twice as high among African-Americans compared to the overall District population, and almost twice as high as the US average.

TABLE 2: Chronic Disease Risk Factors by Race and Ethnicity in the District of Columbia

| Condition or Risk Factor | Race and Ethnicity | | | | Total DC Population | US Average |
|----------------------------|--------------------|-------|----------|----------|---------------------|------------|
| | Black | White | Hispanic | Asian/PI | | |
| Diabetes | 13.4% | 2.5% | 5.5% | 4.1% | 8.3% | 8.7% |
| Hypertension* | 38.5% | 17.6% | 14.9% | 18.5% | 26.1% | 28.7% |
| High Blood* Cholesterol | 36.1% | 33.8% | 32% | 33.9% | 34.6% | 37.5% |
| Obesity | 33.3% | 9.4% | 11.6% | 13.6% | 21.6% | 27.6% |
| Physical* Inactivity | 60.2% | 33.7% | N/A | 41.7% | 45.5% | N/A |
| Smoking | 21.5% | 9.1% | 16.8% | 10.2% | 15.6% | 17.3% |
| Adult Asthma | 12.3% | 7.3% | 5.6% | 13.1% | 10.4% | 9.0% |

Source: District of Columbia Behavioral Risk Factor Surveillance System 2010; *District of Columbia BRFSS 2009.

B. Purpose

The District of Columbia, Department of Health (DOH), is soliciting applications from qualified not-for-profit organizations located in the District and licensed to conduct business within the District of Columbia to implement systems, environmental, and programmatic changes aimed at increasing physical activity and proper nutrition, reducing weight, reducing tobacco use, and improving chronic disease outcomes.

Overall Outcome Objectives: The outcomes of the proposed program must align with the following CTG program performance objectives.

Long Term:

By September 2016, increase the number of people with access to safe physical environments.

By September 2016, increase the number of people with access to tobacco-free or smoke-free housing environments.

By September 2016, increase the number of people covered by systems that support chronic disease prevention & management.

By September 2016, increase the percentage of births at Baby-Friendly Hospitals and/or Birthing Facilities in the District of Columbia.

Short Term:

Increase the number of schools in wards 5, 7, &, 8 that have established Safe Routes to Schools programs to promote walking and biking.

Increase the number of people with access to safe biking opportunities.

Increase the percent of smoke-free public, low income multi-unit housing developments.

Enhance the number of systems utilizing Community Health Workers that promote chronic disease prevention strategies.

Increase the number of hospital environments that support the baby friendly initiative.

III. ADMINISTRATIVE REQUIREMENTS

A. Grant Uses

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

B. Conditions of Award

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

- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre-award negotiations with assigned DOH project and grants management personnel.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Director of the Department of Health and accepted by the grantee organization. The grant agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
- Utilize Performance Monitoring & Reporting tools developed and approved by DOH. This may include the CTG Grantee MIS system
- Participate in CTG Collaborative
A successful applicant shall work with multiple sectors within the community to advance program outcomes, establish a new or work with an existing cross-sector coalition or network of organizations and agencies to participate actively in the planning, implementation, and evaluation of the Community Transformation Grants (CTG) Small Communities program.
- Develop a sustainability plan for the proposed initiative

C. Indirect Cost

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

D. Insurance

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

E. Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to A-133 rules must have available and submit as requested the most recent audit reports, as requested by DOH personnel.

F. Nondiscrimination in the Delivery of Services

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

G. Quality Assurance

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

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

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

IV. PERFORMANCE REQUIREMENTS

A. Program Area A: Active Transportation

Washington, DC has a system of bike trails, lanes and routes that rank among the best in the country. The District is recognized nationally as a Bicycle-Friendly Community by the League of American Bicyclists. Since 2004, the Safe Routes to Schools (SRTS) program run by the DC Department of Transportation (DDOT) and the Washington Area Bicyclist Association (WABA) has served over 23,000 children in the District of Columbia through bicycle rodeos that teach bicycling skills and safety. In 2011, over 11,000 people signed up to participate in Bike to Work Day. Currently, between two (2) and eight (8) percent of District residents commute by bike. The Capital Bikeshare, started in 2009, makes available over 1,100 bicycles at 110 stations across Washington, DC and Arlington, VA, and this year just celebrated its 2 millionth ride.

In order to address Active Transportation in the District this RFA will have to focus areas:

Active Transportation program area will have \$115,000 available for up to two (2) awards. Applicants for this program area **may apply for one or both focus areas**. Funding amount of up to \$65,000 will be available for focus area 1 and up to \$50,000 will be available for funding area 2.

Focus area 1: Mini-Grants for Community-based Active Transportation Programs and Initiatives (ATI)

There are a number of programs that can impact community level change with little financial support. Often times these programs, or the CBOs that implement them, do not have the capacity to successfully complete the regular administrative processes and oversight required by the District government's grant-making process. History has demonstrated that there are agencies within the community with the capacity, expertise and track record of disseminating and administering smaller grants.

Residents in the wards with poorest health outcomes have access to relatively few ATI resources. Programs and initiatives like Safe Routes to School (SRTS) help to support walking and bicycling as practical and healthy options for children and their families to travel to school. Enhancing community based programs like SRTS, the ability and knowledge to conduct walking/biking audits, beginner and/or safety education workshops, youth and senior access and utilization initiatives will provide a network of critical and consistent messaging on ATI safety and utilization in the District.

The successful grantee will have expertise and a demonstrated capacity to service community-based organizations by effectively distributing small amounts of funding, providing them with technical assistance that will help them better access long-term funding and effectively assess and navigate the granting process. a) Applicants should: Provide a track record of distributing grant funds ranging from \$1000 to \$5000 and the capacity to track and guide grantees. b) Demonstrate a streamlined system of disseminating notice of the availability of grant funds and application procedures that are understandable to agencies and service providers with limited capacity to prepare complex grant applications. c) Illustrate a track record of work promoting active transportation d) Illustrate a track record of working with community-based organizations, neighborhood organizations, government agencies, not-for-profit groups, faith-based institutions, low-income residents; e) Demonstrate the capacity and established procedure for reviewing and awarding micro-grants that includes and involves community participants.

This focus area will initiate or enhance initiatives that serve residents in Wards 5, 7, and 8 in addition to targeted initiatives promoting ATI.

Recipient Activities

- Develop outreach events to PTAs and Schools and other sites to promote active transportation initiatives (i.e. Safe Routes to School).
- Develop peer educators to conduct transportation safety and mobility education training..
- Leverage earned and social media to communicate the message to promote utilization of ATI /SRTS resources.
- Develop and manage micro-granting program to address barriers to walking & biking initiatives.
- Utilize science and evidence based interventions.
- Show efficacy and reach of interventions.

Focus area 2: Improved Bike utilization in Wards with poorest health outcomes

Residents in the wards with poorest health outcomes have access to relatively ATI resources - 21 Capital Bikeshare stations, fewer than five streets with designated bike lanes and no bike repair shops in these areas. By focusing on increased utilization of existing environmental changes such as local trails, designated bike lanes, and Capital Bikeshare stations, not only will demand for these resources increase, but just as importantly an understanding of the connection of these ATI resources and the health of the community will develop. Special focus will be given to youth focused pilot programs that serve to increase youth utilization of Capital Bikeshare. The successful grantee will have a proven track record working within these areas of the District and a history of working to promote active transportation.

Recipient Activities

- Conduct meetings with relevant stakeholders on the access to Bikeshare stations and Bike lanes in wards with the poorest health outcomes.
- Develop Youth Access & Utilization of Capital Bikeshare Initiative. Successful candidates will leverage existing and new relationships with other local and national organizations that promote biking for transportation and health.
- Leverage earned and social media to educate on the benefits of physical activity and the ATI resources.
- Utilize science and evidence based interventions.
- Show efficacy & reach of interventions.

B. Program Area B: Tobacco Free Living

No-smoking policies are rare in public housing and multi-unit housing developments. To date, approximately 140 Public Housing Developments across the country (4% of the total) reported that they have voluntarily banned smoking. A resident who smokes in a

single unit within a multi-unit residential building puts the residents of the other units at risk. Tobacco smoke can move along air ducts, through cracks in the walls and floors, through elevator shafts, and along plumbing and electrical lines to affect units on other floors. High levels of tobacco toxins can persist in the indoor environment long after the period of active smoking – a phenomenon known as third-hand smoke. Outdoor tobacco smoke exposure conveys many of the same risks as indoor secondhand smoke exposure. Reducing or eliminating smoking among defined communities such as public housing is paramount within medically high-risk public housing residents, thereby allowing residents the choice to live in 100% smoke-free environments.

Smokefree Public Housing program area will have \$150,000 available for one (1) award.

Recipient Activities

- Conduct assessment of resident councils/tenant associations committed to obtaining smoke free housing
- Identify and implement strategies to address barriers for ensuring that free or low-cost cessation services/resources are available for low-income residents in multi-unit housing complexes leading up to and following smoke-free strategy implementation.
- Develop peer educators by providing evidenced-based culturally and linguistically – appropriate educational trainings on harmful health and environmental of smoking.
- Provide technical assistance to stakeholders establishing smoke-free public multi-unit housing residencies.
- Leverage earned and social media to educate stakeholders on the benefits of smoke-free environments(e.g., press events, ads/articles in local papers and online news outlets,) including the availability of cessation services/resources
- Organize at least 4 community events to raise public awareness about the harmful effects of secondhand smoke exposure
- Utilize science and evidence based interventions
- Show efficacy & reach of interventions

C. Program Area C: Chronic Disease Self Management & Prevention

According to CDC's *Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach* CHWs are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. Using their unique position, skills, and an expanded knowledge base, CHWs can help reduce system costs for health care by linking patients to community resources and helping patients avoid unnecessary hospitalizations and other forms of more expensive care as they help improve outcomes for community members. In order to enhance their

general training CTG will provide specialized training in chronic disease management and prevention to better serve targeted disparate populations in the District. CTG program will facilitate the use of CHWs as health care extenders to strengthen clinical-to-community linkages and other community education/health promotion efforts. Specifically, CHWs will be used to engage harder to reach sub-populations in the District in an effort to reduce the racial/ethnic, geographical, and socioeconomic disparities that impact health outcomes. In order to address Chronic Disease Prevention and Management in the District this RFA will have two focus areas:

Chronic Disease Self Management & Prevention program area will have \$450,000 available for one (1) award. Successful applicants MUST address both focus areas.

Focus area 1: Community Health Worker Enhancement

Recipient Activities

- Identify community health workers in the District and implement strategies to address gaps in chronic disease self management and prevention training.
- Conduct an environmental scan on current community health worker utilization and placement in the District.
- Conduct and/or facilitate specialized trainings in Chronic Disease Self-management and prevention for CHWs utilizing evidence based training curriculums (i.e. Stanford Model and NDPP Model, tobacco cessation, AADE, ADA).
- Develop recommendations for a sustainable coordinated system for the use of Community Health Workers in the District.
- Utilize science and evidence based interventions.
- Show efficacy & reach of interventions.

Focus area 2: Chronic Disease Prevention and Management System enhancement

It has been well established that diabetes, obesity and cardiovascular disease outcomes can be impacted significantly by prevention and control measures that incorporate diet and lifestyle change, appropriate medical management delivery by primary care providers (PCP) and self-management education (SME). Currently, each acute care hospital and three large health centers in the District operate evidence-based SME or prevention programs, while only a few SMEs are operated by a community-based organization, showing a shortage of community-based SMEs, especially for high-risk African-American and Hispanic-American populations. It has been demonstrated that community-based organizations have unique linkages to underserved populations which rarely exist with larger medical institutions. Community health workers, as extenders of the healthcare team, are vital to facilitating clinical to community linkages.

Recipient Activities

- Identify and implement strategies to address barriers to accessing self-management education.
- Facilitate the implementation of self-management education programs in at least eight (8) new sites in Wards 4, 5, 7 & 8.
- Provide technical assistance with new community sites for the implementation of chronic disease self-management programs and primary prevention programs.
- Develop a sustainable system of data collection and reporting for community health workers.
- Utilize science and evidence based interventions.
- Show efficacy & reach of interventions.

D. Program Area D: Baby Friendly Hospitals

Leading health organizations recommend exclusive breastfeeding for the first six months of life because of its clearly demonstrated medical, psychological and economic benefits. Recent studies show that breastfeeding reduces an infant's risk of obesity (decreasing the risk for later development of chronic disease) and also reduces a breastfeeding mother's risk for those same chronic diseases. Research shows that institutional changes in maternity care practices effectively increases breastfeeding initiation and duration. This project will assist hospitals with financial support and technical assistance in navigating and implementing the 4-D pathway to Baby-Friendly.

Baby Friendly Hospital program area will have \$160,000 available for one (1) award.

Recipient Activities

- Facilitate the training of maternal and child health staff in Baby-Friendly maternity practices.
- Develop an objective criteria and process for RFAs for sub-grants to birthing facilities (hospitals/birthing centers).
- Providing technical assistance to sub-grantees (hospitals/birthing centers) to implement steps to baby-friendly.
- Providing technical assistance to sub-grantees (hospitals/birthing centers) to navigate baby-friendly 4-D pathway.
- Collaborate with other non-profit organizations and non-funded birthing facilities to provide breastfeeding training or other ways to extend the reach of the CTG funding. Emphasis being on facilities that serve the highest rates of DC residents in targeted wards.
- Develop plan for sustainability, and referrals to WIC, Healthy Start and other community organizations that support breastfeeding and nutrition?

- Utilize science and evidence based interventions
- Show efficacy & reach of interventions

V. APPLICATION SECTIONS

A. Background and Need

- Describe current capacity to support the activities identified in the recipient activities.
- Describe past policy, environmental, programmatic, and infrastructure successes, including lessons learned, if applicable. Identify past policy, environmental, programmatic, and infrastructure successes that have demonstrated improved community outcomes.
- Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population related to chronic diseases, conditions or risk factors.

B. Organizational Capacity

- Describe experience in serving the target population(s).
- Describe existing and additional required staff (if any), qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe how funding will support strategies that align with the goals of the initiative.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe additional sources of funding the program will pursue.

C. Partnerships, Linkages, and Referrals

- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to participate actively in the implementation, and evaluation, if applicable of the applicant's implementation plan.
- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Provide letters of commitment and evidence of support and connections with other agencies and organizations across multiple relevant sectors pertinent to the accomplishment of the selected outcome measures.

- Explain the process for tracking linkages and their outcomes, and how collecting and reporting data on referrals.

D. Project Description (Implementation Narrative) & Work Plan

- Describe selected strategies/interventions and how they will be implemented to achieve program goals, objectives and outcome measures.
- Outline the reasoning for selecting the proposed objectives and activities, including an assessment of the current needs and assets in the community and indicate plans for sustainability and leveraging resources. Describe how objectives will maximize public health impact of CTG funding, including strength of proposed policy, environmental, programmatic, and infrastructure strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced, or contribution of innovative approaches to the evidence base for prevention.
- Include a Work Plan that includes all of the elements found in the work plan example provided in Appendix D. The work plan should propose Process and Outcome Objectives, identify selected activities; describe key milestones/indicators, and timelines; estimated reach, cost per beneficiary, the lead individuals or organizations, and data sources for performance monitoring. **Objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed). (Include your Work Plan as part of the Attachments).**

E. Performance Monitoring and Evaluation

- Describe plans for collecting data on the selected outcome measures cited in the work plan.
- Describe how lessons learned will be captured and disseminated.
- Describe a plan for developing at least two unique dissemination products about the successes, lessons learned, and results of your project. Products can include but are not limited to poster for poster session, journal article, report or brief, plan, or abstract/presentation of results at a conference.

F. Budget Justification and Narrative

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

VI. EVALUATION CRITERIA

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

A. Background and Need (10 points)

- Demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program interventions;
- Demonstrates current capacity to perform the work of the RFA, including past successes in improving health outcomes and discussed challenges and how they were addressed in implementing policy, environmental, programmatic, and infrastructure strategies.

B. Organizational Capacity (20 Points)

- Demonstrates experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)
- Demonstrates that proposed staff and recruitment plans consistent with the applicant's ability to carry out proposed activities.
- Demonstrate how funding will align to provide adequate resources to accomplish the goals of the initiative.
- Demonstrate adequate fiscal management plans and reporting systems to comply with the reporting requirements.
- Has the applicant provided strong sustainability plans including identification of additional sources of funding to leverage and the ability to capture and report that information?

C. Partnerships, Linkages, and Referrals (15 Points)

- Demonstrate how organization activities support the applicant's ability to carry out activities under this program.
- Are appropriate letters of support included, clearly outlining a commitment to proposed activities?
- Demonstrate their experience and past success collaborating with other organizations (in multiple sectors such as public health, transportation, education, health care delivery, etc.) to improve community outcomes.

D. Implementation Narrative & Work Plan (40 points)

- Does the applicant's proposed plan present a cohesive set of strategies/activities? How well do the proposed strategies address the selected outcome measures for the intervention population, including in relation to health disparities?

- Demonstrate that proposed strategies strive to maximize public health impact of CTG funding (as measured by strength of proposed policy, environmental, programmatic, and infrastructure strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced, or contribution to innovation of viable new approaches).
- Does the applicant provide estimated population reach for selected outcomes and objectives?
- Demonstrate that the proposed plan provides a foundation for sustainability of efforts.
- Are outcome objectives SMART and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives?

E. Performance Monitoring and Evaluation (15 Points)

- Demonstrate how performance monitoring plan likely to allow for continuous program improvement
- Does the measure the program’s success and health impact?
- Demonstrate sufficient ability to collect data specific to identified population(s).
- Are the measures of effectiveness included in the application and related to the performance goals stated in the “Background & Purpose” section?
- Provision of plan for developing at least two unique dissemination products.

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

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

VII. APPLICATION SUBMISSION

A. Application Package

Only one application per organization will be accepted for a Program Area. Multiple applications for a single Program Area submitted by one organization will be deemed ineligible and not forwarded to the external review panel. If an organization is applying for more than one Program Area, the organization has to submit one application per Program Area. A Complete **Application Package** shall contain the following:

- A DOH Application for Grant Funding (NEW FORM)
- Project Narrative (See Section VII B - Application Elements)
- Attachments (See Application VII B – Application Elements)
- Assurance & Certification Packet (See Section VII E – Assurances)

B. Application Elements - Project Narrative & Attachments

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

C. Pre-Application Conference

A Pre-Application Conference will be held on January 31, 2013, from 1:00 p.m. to 2:30 p.m. The meeting will provide an overview of CHA’s RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

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

D. Internet

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

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

This information shall be used to provide updates and/or addenda to the Baby Friendly Hospital Initiative RFA.

E. Assurances & Certifications

DOH requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package. The assurance package must be submitted along with the application. Only ONE package is required per submission.

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

If the applicant does not have current versions of the documents listed below on file with DOH they must be submitted with the application.

- A current business license, registration, or certificate to transact business in the District of Columbia
- 501 (C) (3) certification (for non-profit organizations)
- Current certificate of good standing from local tax authority
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization.

F. Format

Prepare application according to the following format:

- Font size: Times New Roman or Arial 12-point un-reduced
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

G. Submission

Submit one (1) original hard copy, and one (1) additional hard copy to CHA by 4 pm on February 28, 2013. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health
Community Health Administration
3rd Floor Conference Room

899 North Capitol Street, NE
Washington DC 20002

H. Contact Information

Grants Management

Bryan Cheseman
Office of Grants Monitoring & 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
bryan.cheseman@dc.gov

Program Contact

Bonita R. McGee
Community Transformation Grant Program
DC Department of Health
Community Health Administration
District of Columbia Government
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
202.442.9178
bonita.mcgee@dc.gov

VIII. APPLICATION REVIEW & SELECTION INFORMATION

- Applications shall be reviewed by an external review panel made up of technical and subject matter experts for the expressed purpose of providing an independent, objective review of applications. This external review panel shall be responsible for providing a score and technical review comments for record.
- Assurance and certification documents will be reviewed by internal DOH personnel assigned to ascertain whether eligibility and certification requirements have been met prior to consideration of review and recommendation of award.
- Applications, external review scores and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for award. The panel may be composed of DOH staff and consultants who shall be responsible for making recommendations for award, and include recommendations for funding levels, service scopes and targets, project designs, evaluation plans and budgets.

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

IX. APPENDICES

A. Definitions

B. Calculating Reach

C. Resources

D. Work Plan Template

E. Logic Model Example

F. Budget Format and Guidance

G. DOH Application for Grant Funding (NEW)

H. Applicant Receipt

APPENDIX A: DEFINITIONS

For the purposes of this RFA, please use the following definitions as guidance:

| | |
|--|--|
| Applicant: | A single non-profit organization submitting an application for itself or for multiple organizations. |
| Community Health Worker: | Frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. CHWs are known by a variety of names, including community health worker, community health advisor, outreach worker, community health representative (CHR), promotora/ promotores de salud (health promoter/promoters), patient navigator, navigator promotoras (navegadores para pacientes), peer counselor, lay health advisor, peer health advisor, and peer leader |
| Reach: | Estimated number of unique individuals impacted by CTG program initiatives. The count never exceeds a community Census figure |
| Intervention: | An activity to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes through promotion of evidence-based strategies. |
| Setting: | The places or organizations in which the initiatives are implemented and take place. For example, an objective might state that it is implementing physical activity requirements at a school. The setting would be “school.” |
| People experiencing health disparities: | Identified targeted populations at risk for health disparities. Not all objectives or activities specifically target a disparate population. However, many objectives may reach people experiencing health disparities as part of its overall community reach. For example, low-income individuals would be reached if an entire population was reached by a particular objective. |

APPENDIX B: CALCULATING REACH

What is Reach?

Estimated number of unique individuals exposed to CTG program interventions

Why do we Need to Measure the Reach of our Interventions?

- Assure and quantify we have the greatest impact
- Used to monitor CTG performance by CDC Director
- Used to meet PPHF reporting requirements for HHS
- Used in Congressional Budget Justification
- Used to inform evaluators, awardees, partners, media, and others

Sample Questions Answered by Reach

- How many schools across the U.S. are engaged in physical activity-related interventions?
 - How many students are impacted?
 - How many low-income students?
- How many units of multi-unit housing are now smoke-free?
 - In how many towns in California?
 - How many elderly Hispanic residents are benefitting from the new smoke-free environments?

Limitations of Reach Data

- Do not consider ‘dose’ or effect size of interventions
- Are estimates only
- Provide snapshots in time for continually changing numbers
- Assume fidelity of implementation of practice and evidence-based strategies
- Cannot gauge health outcomes

Frequently Asked Questions

In my community, an intervention is already in place prior to CTG. However, an objective is seeking to expand this to other people. What reach figure do I report – the total number of people or just the new people reached?

The reach count should include only the **new** people reached by your objective. People who are already addressed by a particular intervention should not be included in the reach count.

My community has a large number of tourists and/or commuters. Should they be counted in my reach figures?

Only residents of your community should be provided in your estimates of reach. Tourists and commuters should not be included. Your overall reach count should never exceed that of your Census count.

APPENDIX C: RESOURCES

Active Transportation

CDC Recommendations for Improving Health through Transportation Policy

<http://www.cdc.gov/transportation/recommendation.htm>

Increasing Physical Activity Through Community Design: A Guide for Public Health Practitioners

www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/physical_activity.htm

How to Develop a Pedestrian Safety Action Plan

http://safety.fhwa.dot.gov/ped_bike/pssp/

Promoting Active Transportation: An Opportunity for Public Health

http://www.apha.org/NR/rdonlyres/42FBB4CA-4E2A-4C74-BDD7-317E7C814F9B/0/Links_Final_Active_Primer_singles.pdf

DC Safe Routes To School Program

<http://ddot.dc.gov/DC/DDOT/On+Your+Street/Bicycles+and+Pedestrians/Pedestrians/Safe+Routes+to+School>

DC Capital Bikeshare

<http://www.capitalbikeshare.com/>

Tobacco Free Living

Healthy Homes Manual: Smoke-Free Policies in Multiunit Housing

http://www.cdc.gov/healthyhomes/Healthy_Homes_Manual_WEB.pdf

U.S. Department of Housing and Urban Development (HUD)

Chronic Disease Self Management and Prevention

Addressing Chronic Disease through Community Health Workers: A policy and systems level approach

http://www.cdc.gov/dhdsp/docs/chw_brief.pdf

NCI Patient Navigator Research Program Manual

<http://ncipoetqa.cancer.gov/PatientNavigator/documents/Patient%20Navigator%20Binder.pdf>

Community Health Workers' Sourcebook

A training manual for preventing heart disease and stroke.

http://www.cdc.gov/dhdsp/library/chw_sourcebook/pdfs/sourcebook.pdf

Baby Friendly Hospital Initiative

Baby Friendly Hospital Initiative Website: <http://www.babyfriendlyusa.org/>

The Surgeon General’s Call to Action to Support Breastfeeding

Provides evidence-based actions for families, communities, health care, employment, public health, and research to support breastfeeding.

<http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

CDC Vital Signs: Hospital Support for Breastfeeding

Includes information about current hospital support for breastfeeding, the Baby-Friendly Ten Steps to Successful Breastfeeding, actions that various sectors can take to support mothers to breastfeed, and links to resources.

<http://www.cdc.gov/vitalsigns/BreastFeeding/>

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6030a4.htm?s_cid=mm6030a4_w

In addition to local resources, the following presents some potential data resources to ascertain reach.

Potential Data Sources for Number of People Counts

Number of residents: US Census Quickfacts ([quickfacts.census.gov](http://www.quickfacts.census.gov)) has data on the number of residents by state and county/city, including by demographics

Number of residents by address: Freedemographics.com (www.freedemographics.com) has a feature for entering an address and then selecting the radius from that location to obtain the population count. The data is from the 2000 Census. Select “report.” Then enter an address and a radius to obtain the population count. For independent parks, recreation areas, etc, use a 1 mile radius to obtain population counts.

Residents by zip code: ZipSkinny is a free website that provides an easy way to search US Census data by zip code (www.zipskinny.com). It provides information on the number of residents (population) and various demographic characteristics.

SNAP participants: USDA’s Food Environment Atlas (<http://www.ers.usda.gov/foodatlas>) has the average number of SNAP participants by county

Potential Data Sources for Number of Units of a Setting Counts

Health care providers: The US Census County Business Patterns (www.census.gov/econ/cbp/) has searchable data on the number of business establishments by state, county, metropolitan area, and zip code. Browse to “health care and social service” and then select “detail” for the number of establishments by different types (e.g. ambulatory health care services, dentists, HMO medical centers, mental health and substance abuse facilities, others).

APPENDIX D: WORK PLAN TEMPLATE 2.0

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

DOH RFA# CHA_C TG_01.25.13
 RFA Title: Community Transformation Grants
 Project Title:
 Total Request \$:
 Cost Per Beneficiary: Page 1 of _____

PROPOSED WORK PLAN*

SMART GOAL 1: Insert in this space one proposed project goal. Proceed to outline administrative and project objectives, activities and targeted dates in the spaces below. Identify key persons and roles.

Measurable Objectives/Activities:

Objective #1.1:

Key Indicator(s):

Key Partners:

| Key activities needed to meet this objective: | Start Date: | Completion Date: | Key Personnel (Title) / Contractor/s |
|---|-------------|------------------|--------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Objective #1.2:

Key Indicator(s):

Key Partners:

| Key activities needed to meet this objective: | Start Date: | Completion Date: | Key Personnel (Title) / Contractor/s |
|---|-------------|------------------|--------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Objective #1.3:

Key Indicator(s):

Key Partners:

| Key activities needed to meet this objective: | Start Date: | Completion Date: | Key Personnel (Title) / Contractor/s |
|---|-------------|------------------|--------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

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

APPENDIX E: LOGIC MODEL 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>What occurs between your activities and the point at which you see these ultimate outcomes?</p> | <p>What do you ultimately want to change as a result of your activities?</p> |

Community Transformation Grant



**Department of Health District of Columbia
Application for Grant Funding**

| | | | |
|----------------------|--------------------------------|---------------------------------|---------------------------------|
| RFA # | CHA_01.25.13 | RFA Title: | Community Transformation Grants |
| Release Date: | January 25, 2013 | DOH Administrative Unit: | Community Health Administration |
| Due Date: | February 28, 2013 by 4:00 p.m. | Fund Authorization: | Pursuant to terms of CDC NOA# |

New Application Supplemental Competitive Continuation Non-competitive Continuation

The following documents should be submitted to complete the Application Package:

- DOH Application for Grant Funding (inclusive of DOH & Federal Assurances & Certifications)
- Project Narrative (as per the RFA Guidance)
- Project Work Plan (per the RFA Guidance)
- Budget and Narrative Justification
- All Required attachments
- An Assurance and Certification Package

Complete the Sections Below. All information requested is mandatory.

| | |
|------------------------------|--------------------------------|
| 1. Applicant Profile: | 2. Contact Information: |
|------------------------------|--------------------------------|

| | |
|--|--|
| Legal Agency Name: Street Address: City/State/Zip Ward Location: Main Telephone #: Main Fax #: Vendor ID: DUNS No.: | Agency Head: Telephone #: Email Address: Project Manager: Telephone #: Email Address: |
|--|--|

3. Application Profile:

| | Program Area: | Funding Request: |
|------------------|---|------------------|
| Select One Only: | <input type="checkbox"/> Active Transportation (Focus A) (Focus B) | |
| | <input type="checkbox"/> Active Transportation | |
| | <input type="checkbox"/> Tobacco Free Living | |
| | <input type="checkbox"/> Chronic Disease Self Management & Prevention | |
| | <input type="checkbox"/> Baby Friendly Hospitals | |

Proposal Description: 200 word limit

Enter Name & Title of Authorized Representative _____ Date _____



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Statement of Certification for a DOH Notice of Grant Award

- A. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or

performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

- J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee 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 Grantee’s performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

★ ★ ★

Signature

Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Statement of Assurances to Comply with Federal Assurances

The Grantee 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 Grantee 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 Grantee'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 Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any

communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
 - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
 - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108–201, February 24, 2004, 42 USC cha.

- 85et.seq.
- d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et.seq.)
 - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
 - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
 - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
 - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
 - i) Executive Order 12459 (Debarment, Suspension and Exclusion)
 - j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
 - k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
 - l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
 - m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
 - n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
 - o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
 - p) Federal Funding

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded , will comply with the above certifications.

Applicant /Grantee Name

Street Address

City State Zip Code

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

Typed Name and Title of Authorized Representative

Signature



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

Grantees should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees 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 Grantee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

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

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

The Grantee 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 Grantee 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 Grantee 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 Grantee'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 Grantee'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 Health Promotion, 825 North

Capitol St. NE, Room 3115, 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 incising 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 Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-

- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded , will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature