

# COMMUNITY TRANSFORMATION GRANT

## Request for Applications – RFA Amendment (released 2.8.13)

RFA# CHA\_CTG\_1.25.13

RFA# CHA\_CTG\_1.25.13 is amended by the addition of the Appendices, which begin on page . All additions, corrections and updates can be found in the following:

- NEW: Appendix I – Summary of Amended Content
- NEW: Appendix J – Frequently Asked Questions

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](http://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](mailto:doh.grants@dc.gov) or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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## 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, 3<sup>rd</sup> 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.

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



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.

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 & vegetables per day	29.9%	36.5%	40.7%	26.2%	32.5%	30.1%	27.8%	26.1%	31.5%
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	<b>13.4%</b>	2.5%	5.5%	4.1%	8.3%	8.7%
Hypertension*	<b>38.5%</b>	17.6%	14.9%	18.5%	26.1%	28.7%
High Blood* Cholesterol	<b>36.1%</b>	33.8%	32%	33.9%	34.6%	37.5%
Obesity	<b>33.3%</b>	9.4%	11.6%	13.6%	21.6%	27.6%
Physical* Inactivity	<b>60.2%</b>	33.7%	N/A	41.7%	45.5%	N/A
Smoking	<b>21.5%</b>	9.1%	16.8%	10.2%	15.6%	17.3%
Adult Asthma	<b>12.3%</b>	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 administrating 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 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, 3<sup>rd</sup> 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](mailto: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 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 unreduced
- 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  
3<sup>rd</sup> 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](mailto: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](mailto: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**
- I. Assurances & Certifications**
- J. Summary of Amendments**
- K. Frequently Asked Questions**

## APPENDIX A: DEFINITIONS

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

<b>Applicant:</b>	A single non-profit organization submitting an application for itself or for multiple organizations.
<b>Community Health Worker:</b>	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
<b>Reach:</b>	Estimated number of unique individuals impacted by CTG program initiatives. The count never exceeds a community Census figure
<b>Intervention:</b>	An activity to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes through promotion of evidence-based strategies.
<b>Setting:</b>	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.”
<b>People experiencing health disparities:</b>	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](http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/physical_activity.htm)

#### **How to Develop a Pedestrian Safety Action Plan**

[http://safety.fhwa.dot.gov/ped\\_bike/pssp/](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](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](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](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](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](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://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](http://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](http://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/](http://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\_CTG\_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>

**APPENDIX F BUDGET FORMAT**

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

The following is a sample format to complete you budget narrative

**A. Salaries and Wages**

**Total: \$**

Name	Position Title	Annual Salary	Time	Months	Amount Requested

**Position Descriptions/Justifications:**

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

**B. Fringe Benefits**

**Total: \$**

Fringe benefits are applicable to direct salaries and are treated as direct costs. The fringe benefit rate for the government of the District of Columbia is 10% of [insert salaries total] salaries, \$ x 10 % = \$ .

**C. Consultants/Contracts**

**Total: \$**

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



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

**D. Equipment** **Total: \$**

**E. Supplies** **Total: \$**

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

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

**F. Travel** **Total: \$**

Provide details and rationale for proposed in-state and out of state travel

**G. Other** **Total: \$**

Provide details and rationale for any other items required to implement the award.

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

Salary and Wages	
Fringe	
Contracts	
Equipment	
Supplies	
Travel	
Other	
<b>Total Direct</b>	

**I. Total Indirect Cost**


**Total: \$**

Indirect cost is calculated as a percentage of total personnel cost  
(Salary \$\_\_\_ + fringe benefits \$ \_\_\_ x 10%)

**J. Total Financial Request Summary**

Salary and Wages	
Fringe	
Contracts/Consultant	
Equipment	
Supplies	
Travel	
Other	
<b>Total Direct</b>	
<b>Indirect Cost</b>	
<b>Total Financial Request</b>	

**APPENDIX G: APPLICATION FOR GRANT FUNDING**

		<b>Department of Health District of Columbia</b> <b>Application for Grant Funding</b>	
<b>RFA #</b>	CHA_01.25.13	<b>RFA Title:</b>	Community Transformation Grants
<b>Release Date:</b>	January 25, 2013	<b>DOH Administrative Unit:</b>	Community Health Administration
<b>Due Date:</b>	February 28, 2013 by 4:00 p.m.	<b>Fund Authorization:</b>	Pursuant to terms of CDC NOA#
<input checked="" type="checkbox"/> <b>New Application</b> <input type="checkbox"/> Supplemental <input type="checkbox"/> Competitive Continuation <input type="checkbox"/> Non-competitive Continuation			
The following documents should be submitted to complete the Application Package: <ul style="list-style-type: none"> <li>▪ DOH Application for Grant Funding (inclusive of DOH &amp; Federal Assurances &amp; Certifications)</li> <li>▪ Project Narrative (as per the RFA Guidance)</li> <li>▪ Project Work Plan (per the RFA Guidance)</li> <li>▪ Budget and Narrative Justification</li> <li>▪ All Required attachments</li> <li>▪ An Assurance and Certification Package</li> </ul>			
Complete the Sections Below. All information requested is mandatory.			
<b>1. Applicant Profile:</b>		<b>2. Contact Information:</b>	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			
<b>3. Application Profile:</b>			
Select One Only:	<b>Program Area:</b>		<b>Funding Request:</b>
	[ ] Active Transportation (Focus A) (Focus B)		
	[ ] Active Transportation		
	[ ] Tobacco Free Living		
	[ ] Chronic Disease Self Management & Prevention		
[ ] Baby Friendly Hospitals			
<b>Proposal Description: 200 word limit</b>			
_____			
Enter Name & Title of Authorized Representative		Date	

**APPENDIX H: APPLICATION RECEIPT**



**Application Receipt for RFA# CHA\_01.23.13**

*The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.*

**The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to RFA# CHA 01.25.13. The application package has been submitted by an authorized representative for the following organization:**

\_\_\_\_\_  
(Applicant Organization Name)

\_\_\_\_\_  
(Address, City, State, Zip Code)

\_\_\_\_\_ (Telephone)                      \_\_\_\_\_ (Fax)                      \_\_\_\_\_ (E-mail Address)

Submitted by: \_\_\_\_\_  
(Contact Name/Please Print Clearly)                      \_\_\_\_\_ (Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: \_\_\_\_\_
2. Amount Requested: \_\_\_\_\_
3. Program / Service Area for which funds are requested in the attached application: *(check one)*
  - Active Transportation (Focus A) or (Focus B)
  - Active Transportation
  - Tobacco Free Living
  - Chronic Disease Self Management & Prevention
  - Baby-Friendly Hospitals

**District of Columbia Department of Health Use Only**

ORIGINAL APPLICATION PACKAGE AND _____ (NO.) OF COPIES	Date Stamp
Received on this date: _____ / _____ / 2013	
Time Received: _____	
Received by: _____ Tracking # _____	

## APPENDIX I: ASSURANCES AND CERTIFICATIONS



### 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.

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Applicant /Grantee Name

---

Street Address

---

City

---

State

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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.

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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

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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 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 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

## APPENDIX J: SUMMARY OF AMENDMENTS

### **Page 2 - Check-List**

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**Add to list:** If applying for more than one Program Area in response to this RFA, the applicant has prepared and submitted one application for EACH program Area. (As per Section VII, Item F. Format)

#### **Change Bullet From:**

- 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.

#### **Change Bullet To:**

- 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**. **The page limit shall be 35 for the Project Narrative**. Applications that do not conform to this requirement will not be forwarded to the review panel.

### **Page 4 - Section I – General Information / Part D. Amount of Funding Available**

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**No changes have been made in the Table** (Program Areas, Amounts, Number of Awards).

#### **The narrative to accompany the table shall now read:**

1. This RFA will make available \$875,000 to implement the Community Transformation Grant Program Areas for eighteen (18) months.
2. The Department of Health reserves the right to partially fund proposals by funding distinct portions or phases of proposed projects. If DOH decides to partially fund a proposal, it will do so in a manner that does not prejudice any applicants or affect the basis upon which the proposal, or portion thereof, was evaluated and selected for award.
3. The funding levels and number of awards are subject to the availability of funds and the quality of the proposals received by DOH.
4. Awards may be fully or incrementally funded, as appropriate based on the availability of funds and satisfactory performance.
5. DOH reserves the right to make additional awards under this RFA policy, if additional funding becomes available after the original selections. Any additional selections for awards will be made by DOH no later than 9 months from the date of original selection date.

### **Page 8 – Section III – Administrative Requirements / Part A. Grant Uses**

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#### **Add a Third Bullet:**

- The Grantee shall not utilize grant funds to supplant other funds, deliberately reducing or reallocating other grantee organizational funds due to the existence of funding available for this award.

### **Page 8 - Section III – Administrative Requirements / Part B. Conditions of Award, 2<sup>nd</sup> Bullet**

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#### **Change From:**

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.

#### **Change To:**

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 **receive** federal funds.

**Page 8 - Section III – Administrative Requirements / Part B. Conditions of Award, 2<sup>nd</sup> Bullet**

Add to List:

Establish a system of accounting that ensures that funds awarded under the Notice of Grant Award are not co-mingled with other fund sources. Funds specifically budgeted and/or received for one project may not be used to support another. Where a grantee's accounting system cannot comply with this requirement, the grantee shall establish a system to provide adequate fund accountability for the funded project.

**Page 14 – Section IV –Performance Requirements / Program Area D - Baby Friendly Hospitals**

**Last Bullet (Recipient Activities)**

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**Change From:**

Develop plan for sustainability, and referrals to WIC, Healthy Start and other community organizations that support breastfeeding and **nutrition?**

**Change To:**

Develop plan for sustainability, and referrals to WIC, Healthy Start and other community organizations that support breastfeeding and **nutrition.** (*Explanation: this is a change to declarative statement, as opposed to a question.*)

**Page 19 – Section VII – Application Submission / Internet**

**Change From:**

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

**Change To:**

This information shall be used to provide updates and/or addenda to the RFA.

**Page 24 Appendix A**

Add to the list:

**Objective:** A measureable change in supportive policy, systems, or environment that affects healthy behavior. Objective must be SMART. Objective should include a reference to any high-burden populations or communities being specifically targeted (if appropriate).

**Lead Staff:** Staff member with responsibility for ensuring the completion of the Milestone Activity.

**Key Partner:** Partner organization (either funded or unfunded) who will play a significant role in accomplishing the Milestone Activity.

**Population Focus:** The population in your jurisdiction that will be the focus of interventions associated with this Objective. General/Jurisdiction Wide implies that everyone in the funded jurisdiction will be equally impacted as opposed to only addressing the needs of specific population with higher risk.

**Reportable Milestone Activities:** An agreed upon list of key events or actions between the Project Officer and the site that will be implemented. Key events, if possible, should be specific, measurable and sufficient in quantity such that their completion should lead to the accomplishment of the outcome objective.

**Timeline:** The timeframe for which Milestone Activities will be *initiated and completed*.

**Appendix G – DOH Application for Funding**

The Application form was provided with the RFA and WORD Attachments but was not labeled Appendix G. It consists of a cover page and assurances for signature.

**Add Appendix H – Application Receipt(s)**

Appendix H was erroneously deleted. The Application Receipt has been added to the RFA and to the separately posted WORD version Attachments. Please fill out the required information and make two copies to be stamped by DOH personnel upon receipt of your application.

## **APPENDIX K – FREQUENTLY ASKED QUESTIONS**

### **GENERAL**

#### **Can an application have two or co-principle investigators (PI)?**

It is acceptable to have Co-PIs. The Co-PI may be from another organization. The PI does not have to be a staff member of the lead agency, however, there has to be a staff member of the lead agency responsible for managerial and financial capability and to ensure proper planning, management and completion of the project.

#### **Can the funds be split between two organizations?**

Only one organization can be the fiscal agent/lead applicant. It is up to the successful applicant to implement their work plan, which may include subcontracts and/or subawards.

#### **Is a separate evaluation plan template included in the packet?**

No, a separate evaluation is not included in the packet. Applicants will address their evaluation approaches in the narrative, logic model, and work plan.

#### **Can an applicant apply for more than one program area?**

Yes, an applicant may apply for more than one program area but each program area will require a separate application. See the check-list, which has been amended to include this provision.

#### **Are non-cash incentives allowable?**

Incentives that address a documented barrier to participation or completion of a program may be acceptable but the applicant must address sustainability of approach if proposing an intervention linked with incentives. Incentives must be justified. Funds may not be used to purchase food.

#### **Can youth that function as organizers and recruiters receive stipends?**

No. Stipends cannot be utilized for any volunteers.

#### **Can an applicant sole source?**

While a competitive process is preferred a sole source for a subcontractor is allowable with strong justification that the subcontractor is the only one able to perform the services and a clear policy and procedure for awarding and distributing funds by the applicant.

#### **How much flexibility does the applicant have in setting priorities in a respective program area?**

The applicant should be responsive to the grant and address the recipient requirements. Priorities within a respective program area should align with the purpose of the grant and factor in best practices, local data, and evidence based strategies for addressing the particular program area.

#### **Do you have a template for budget?**

Yes, a budget template will be added to the available documents on the DC Grants Clearinghouse. For the purposes of this grant the CDC Guidance and template for budget narrative will be utilized to complete your budget narrative.



**How will we receive updates on questions and the RFA?**

Updates will be posted to the DC Grants Clearinghouse and emailed to all those in attendance at the pre-application meeting. Locate any updates at [www.opgs.dc.gov](http://www.opgs.dc.gov)

**Is there a final date to ask questions?**

You may ask questions up until 72 hours before the application due date, after that we can not guarantee a response.

**Are you allowed to hire staff?**

Yes, you may use funds to pay for program staff salaries. All budget needs should be commensurate with the interventions which are being implemented. CTG Small Communities funds may not be used for the delivery of direct services, or to compensate staff for their delivery of direct services.

**Can funds be used for direct services?**

No, the CTG requires that proposed interventions must be related to policy, environmental, programmatic and infrastructure improvements that improve health and health behaviors among the intervention population. Delivery of direct services is not within the scope of this grant award. Funds which are used to directly fund one-on-one or one-on-small group services are likely direct services. For instance, using CTG Small Communities funds to pay a health worker to provide clinical services to individuals would be considered a direct service. Payment of program staff to conduct evaluations of interventions (including baseline and post-intervention assessments) is not considered a direct service.

**ACTIVE TRANSPORTATION**

**How is youth defined for the transportation program area?**

Age range for interventions in this program area is 5-21 years of age. Keep in mind that your target population may contain all or some of the age-range depending on proposed intervention and settings.

**The RFA references capital bikeshare, has DOH reached out to DDOT to inform them of this program area?**

No, it is the responsibility of the applicant to reach out to relevant stakeholders in designing your response to the program area.

**TOBACCO FREE LIVING**

**Are Applicants allowed to purchase nicotine replacement therapy?**

No, you may not use community transformation grant funding to purchase nicotine replacement therapy.

**Please clarify the scope of public housing; is it only public house developments or does it also include multi-unit, private, subsidized housing (i.e. section 8) as DCHA oversees both types?**

Yes, it may include multi-unit, private, subsidized housing.

**CHRONIC DISEASE PREVENTION AND SELF MANAGEMENT**

**For the Chronic Disease Self Management program area can you focus on only one chronic condition?**

No, an applicant should address more than one condition.

**Is it okay to focus on tertiary prevention?**

Yes, you may have interventions that focus on tertiary prevention. Applicants must also be also to address the reach and impact of interventions proposed. Interventions should relate to a policy, environmental, programmatic and infrastructure improvements that improve health and health behaviors among the intervention population.

**Can we have a fee for service for community health workers to take training?**

No.

**Can we provide cash incentives to community health workers to attend trainings?**

No, the use of CTG funds to provide incentive payments to individuals for participating in a program would also be considered examples of direct services, and would be an inappropriate use of federal funds. .