District of Columbia
Department of Human Services
Family Services Administration (FSA)

REQUEST FOR APPLICATIONS

Fiscal Year 2020
Street Outreach Services Network
(Short name: Street Outreach)
RFA #JA-FSA-SO-001-20

Announcement Date: July 5, 2019
RFA Release Date: August 5, 2019
Pre-application Conference Date: August 13, 2019
Application Submission Deadline: September 4, 2019 at 4:00 PM

Government of the District of Columbia
Department of Human Services
64 New York Ave. NE, 6th Fl.
Washington, DC 20002
(202) 671-4200

LATE APPLICATIONS WILL NOT BE FORWARD ED TO THE PANEL FOR REVIEW
EXECUTIVE SUMMARY

The District of Columbia (District) Department of Human Services (DHS) Family Services Administration (FSA), hereinafter referred to as the “DHS/FSA” or “Grantor,” is soliciting proposals (also referred to as “applications”) from applicants (or “prospective Grantees”) for Fiscal Year (FY) 2020 to operate a geographically defined, year-round Street Outreach Services Network (“Street Outreach”) program.

According to the 2019 Point in Time count, the District has 3,578 homeless individuals living in our community. Of these individuals, 44% are chronically homeless, 31% have severe mental illness, 22% suffer from chronic substance abuse, 21% have a chronic health problem, 16% have a physical disability, and 17% (608 individuals) are unsheltered individuals residing on the street or in locations not fit for human habitation who are exposed to difficult weather conditions in both winter and summer. Because of the overlapping vulnerabilities experienced by unsheltered individuals, the District wishes to expand services to unsheltered individuals to advance the first strategy of the Homeward DC Plan to End Chronic Homelessness.

Through this Request for Applications, DHS/FSA seeks to identify applicants to provide Street Outreach services for unsheltered individuals. The Street Outreach services to be provided will focus on facilitating connections to housing systems and homeless services, as well as facilitating access to public benefits, physical and behavioral health care, harm reduction interventions, and other mainstream resources. The Street Outreach services covered by this RFA shall focus primarily on fostering housing stability, ultimately increasing the health, safety and quality of life of unsheltered individuals.

Funding Opportunity Title: Street Outreach Services Network
Funding Opportunity Number: RFA #JA-FSA-SO-001-20
Deadline for Applications: September 4, 2019 at 4:00 PM
The District of Columbia Department of Human Services
64 New York Ave. NE, 6th Fl.
Washington DC 20002
jim.crawford@dc.gov

Total Estimated Available Funding: Up to $3,000,000
Total Estimated Number of Awards: Up to three
Total Estimated Award Amount: The amount will be determined based on the scope of work proposed
Period of Performance: November 1, 2019 to October 31, 2020
Length of Award: One base year with up to four option years, subject to funding availability
Eligible Applicants: ☒ Non-profit organizations, including those with IRS 501(c)(3) or 501(c)(4) determinations; ☒ Faith-based organizations; and ☒ Private Enterprises
District of Columbia
Department of Human Services
Family Services Administration (FSA)

NOTICE

PRE-APPLICATION CONFERENCE

ATTENDANCE IS MANDATORY

Fiscal Year 2020
Street Outreach Services Network
(Short name: Street Outreach)
RFA #JA-FSA-SO-001-20

When: August 13, 2019

Where: Department of Human Services
64 New York Ave. NE, 6th Fl.
Washington, DC 20002

Or via Webex

Time: 2:00 PM – 4:00 PM

Contact Person: Jim Crawford
Family Services Administration (FSA)
Department of Human Services
64 New York Ave. NE, 6th Fl.
Washington, DC 20002
202-671-4357

Please RSVP to attend the Pre-Application Conference no later than August 9, 2019.

You may RSVP via telephone to Jim Crawford, Grants Management Specialist at 202-671-4357, or by email at jim.crawford@dc.gov. Prospective Grantees planning to attend the Pre-Application Conference via Webex should request the online meeting information in their RSVP.
CHECKLIST FOR APPLICATIONS
Street Outreach Services Network

☐ Application proposal format follows the “Application Format” listed in Section 4 of the RFA.
☐ Application is printed on 8½ by 11-inch paper, 1.5 line spacing, double sided, using 12-point type with a minimum of one inch margins, with all pages numbered. The entire Application must not exceed 30 pages (not including attachments).
☐ Applicant Profile [Attachment A], contains all the information requested and is attached as the Face Sheet.
☐ Table of Contents comes after the Applicant Profile.
☐ Applicant Summary (must not exceed 3 pages) and Project Narrative (must not exceed 12 pages). Note: Attachments and appendices do not count toward the page limit.
☐ Program Budget and Budget Narrative Justification are complete and comply with the budget form. The line item budget narrative justification describes the categories of items proposed.
☐ Proposed Work Plan [Attachment E] is complete and complies with the work plan form.
☐ Proposed Staffing Plan [Attachment F] is complete.
☐ Collaboration Commitment Form(s) [Attachment I] are complete.
☐ Appendix 1: Certifications and Assurances listed in Attachments B and C are signed.
☐ Appendix 2: Articles of Incorporation, if applicable.
☐ Appendix 3: Bylaws, if applicable.
☐ Appendix 4: IRS letter of non-profit corporation status, if applicable.
☐ Appendix 5: List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
☐ Appendix 6: Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization.
☐ Appendix 7: Form 990, Return of Organization Exempt from Income Tax, if applicable.
☐ Appendix 8: Proposed organizational chart.
☐ Appendix 9: Memoranda of Understanding from key community partners documenting their specific support for the delivery of services for the Street Outreach Services Network grant.
☐ Appendix 10: Proposed staff resumes.
☐ Appendix 11: Proposed staff job descriptions.
☐ Appendix 12: Signed letter stating that the applicant will market the initiatives as a DHS/FSA Street Outreach Services Network grant and not the parent agency by using the approved logo, tagline, graphic design, or any other identifiers approved by DHS/FSA for the Street Outreach Services Network grant.
☐ Appendix 13: District of Columbia Business License.
☐ Appendix 14: Annual report or other documentation of a history of supporting and providing housing focused and trauma informed outreach to unsheltered individuals residing on the street or in locations not fit for human habitation.
☐ Appendix 15: Certificates of Good Standing.
☐ Application is submitted electronically. Organization, RFA number, and project name must be clearly identified using the DHS/FSA Receipt Form [Attachment D].
☐ Applicant submitted the required attachments

The application must be submitted no later than 4:00 PM, Eastern Standard Time (EST) by the deadline date of September 4, 2019, to DHS/FSA, c/o Jim Crawford, 64 New York Avenue, NE, 6th Fl., Washington, DC 20002. Applications accepted at or after 4:00 PM will not be forwarded to the Review Panel for funding consideration.
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SECTION 1. GENERAL INFORMATION

1.1 Introduction
The District of Columbia (District) Department of Human Services (DHS) Family Services Administration (FSA), hereinafter referred to as the “DHS/FSA” or “Grantor” is soliciting detailed proposals (also referred to as “applications”) from applicants (or “prospective Grantees”) for Fiscal Year (FY) 2020 to operate a geographically defined, year-round Street Outreach Services Network (“Street Outreach”) program.

According to the 2019 Point in Time count, the District has 3,578 homeless individuals living in our community. Of these individuals, 44% are chronically homeless, 31% have severe mental illness, 22% suffer from chronic substance abuse, 21% have a chronic health problem, 16% have a physical disability, and 17% (608 individuals) are unsheltered individuals residing on the street or in locations not fit for human habitation who are exposed to difficult weather conditions in both winter and summer.

Given the overlapping vulnerabilities experienced by unsheltered individuals, the District seeks to expand points of access and services for unsheltered individuals to advance the first strategy of the Homeward DC Plan to End Chronic Homelessness1. A component of this strategy includes developing a coordinated Street Outreach program which will act as an entry point to the Continuum of Care (CoC)2, especially for unsheltered individuals who are disconnected from services.

The goal of the Street Outreach program is to engage unsheltered individuals through the appropriate level of outreach (based on individual needs) to facilitate connections to housing systems and homeless services, public benefits, physical and behavioral health care, harm reduction interventions, and other mainstream resources.

Through this Request for Applications, DHS/FSA seeks Applicants to provide Street Outreach services for unsheltered individuals. The Street Outreach services provided by the Applicant should be focused primarily on increasing housing stability, ultimately improving the health, safety and quality of life of unsheltered individuals. Grantees will be required to engage with unsheltered individuals through trauma-informed care interventions in a variety of settings, some including encampments, areas with high concentrations of unsheltered individuals (“hot spots”), substance use priority areas, etc.

The Street Outreach services provided by the Grantee(s) will take place within a broader Street Outreach Network comprised of three geographic clusters, and will be supported with transportation, technology, and telecommunication infrastructure provided by a central coordinating entity.

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1 District of Columbia Interagency Council on Homelessness Strategic Plan 2015-2020 “Homeward DC”

2 Under the Homeless Services Reform Act, a continuum of care refers to the comprehensive system of services for individuals and families who are homeless or at imminent risk of becoming homeless, designed to serve clients based on their individual level of need. The Continuum of Care may include crisis intervention, outreach and assessment services, shelter, transitional housing, permanent supportive housing, and supportive services.
1.2 Target Population
The target population for Street Outreach services covered by this grant shall be individuals residing on the street or in locations not fit for human habitation (“unsheltered individuals”). These individuals may be disconnected from services and resources, may be at high risk for health and safety concerns, may be chronically homeless, and may need additional help navigating the CoC. Street Outreach’s mobile nature is uniquely suited to connect them to housing systems and services, and provide support services needed to increase, health, safety, and quality of life of these individuals.

1.3 Eligible Organizations/Entities
Non-profit community organizations, including those with IRS 501(c)(3) or 501(c)(4) determinations, faith-based organizations, such as churches, synagogues, mosques, or religiously based social service affiliates of such organizations, and private enterprises located in the District that have demonstrated experience working with the target population in a variety of settings (encampments, areas with high concentrations of unsheltered individuals (“hot spots”), substance use priority areas, etc.) are encouraged to apply. Applications are also encouraged from collaborating community-based and faith-based organizations.

Eligible Grantee(s) are expected to demonstrate their experience working with unsheltered individuals to facilitate connections to housing systems, homeless services, public benefits, and other mainstream resources. Grantee(s) are expected to include details such as: street outreach organizational experience, as well as relevant expertise of individual staff members, executive leadership, and their network of partner and/or sub-contracted organizations involved in delivering outreach services.

In addition to having the appropriate staff qualifications and experience performing services similar in size and scope to the requirements of this grant, eligible Grantee(s) shall elaborate on their intent and ability to:

- Establish effective and efficient communication channels with other Grantees, shelters, day service programs, homeless service providers within the Continuum of Care, and the network’s central coordinating entity;
- Provide the required services and deliverables while delivering high-value trauma informed care and services to consumers;
- Leverage non-governmental assets and coordinate with other organizations in the homeless services Continuum of Care; and
- Offer services at scale while maintaining client confidentiality.

Continuing conditions of eligibility are that the information in the application is complete and truthful and that the Applicant at all times is able to meet any material conditions stated in its application. For instance, if an Applicant’s ability to fulfill the terms of the grant is based on the availability of skilled staff and those staff should leave after the application’s submittal or the grant award to the Applicant, the Applicant has the responsibility to advise DHS/FSA in writing of this change in material conditions. Another example of change in material conditions that could result in the loss of eligibility would be the loss of Applicant’s tax-exempt status.

1.4 Source of Funds
The source of funds for the grant is the General Fund of the District of Columbia. Funding for grant awards is contingent upon availability of funds. Grant funds shall only be used to support activities specifically outlined in the scope of this RFA and included in the Applicant’s submission. DHS also reserves the right to, without prior notice, reduce or cancel one or more programs listed in this RFA, reject all applications, adjust total funds available, or cancel the RFA in part or whole.
1.5 Award Period
The grant is being offered from November 1, 2019 through October 31, 2020 with up to four option years, subject to funding availability.

1.6 Projects and Funds Available
DHS is looking to award up to three Grants under this RFA; each Grantee will be assigned to serve a designated geographical cluster. Applicants may select to apply for one or more geographic cluster(s), but they are expected to express preference for serving one geographic cluster. Based on the applications submitted, DHS will assign a geographic cluster to the prospective Grantee.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Street Outreach Program for Geographic Cluster 1</td>
<td>TBD</td>
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<tr>
<td>Street Outreach Program for Geographic Cluster 2</td>
<td>TBD</td>
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<tr>
<td>Street Outreach Program for Geographic Cluster 3</td>
<td>TBD</td>
</tr>
<tr>
<td>TOTAL</td>
<td>Up to $3,000,000</td>
</tr>
</tbody>
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1.7 Purpose of the Grant
Through this RFA, DHS seeks to establish a Street Outreach Services Network that will act as an entry point to the CoC for unsheltered individuals who are disconnected from services. This network aims to expand District-wide street outreach coordination and will provide a new level of real-time logistic support provided by a central coordinating entity and a more substantive approach to outreach services provided by the Grantee(s).

The goal of the Street Outreach program is to engage unsheltered individuals with the intent to facilitate connections to housing systems and homeless services, public benefits, physical and behavioral health care, harm reduction interventions, and other mainstream resources. In order to achieve this goal, the Grantee(s) shall:

- Actively participate in the Street Outreach Network, build a robust street outreach team (designate a lead network coordinator, and staff a team of approximately 10-12 outreach specialists) available to provide comprehensive Street Outreach services for a diverse population of unsheltered individuals. Staffing guidelines are further defined in Section 3.6 - Staff Requirements.
- Implement periodic and ongoing trainings for staff on assessment tools (VI-SPDAT), data entry requirements and methods, referral protocols, and attend DHS sponsored trainings.
- Cover a designated geographic cluster and provide street outreach services to unsheltered individuals between 9 a.m.-5 p.m. during weekdays (and having a presence between 5 p.m. -11 p.m. based on the specific outreach needs), and on weekends based on a rotation schedule defined by the Grantee(s). The key intervention strategies are defined below, and further detailed in Section 2.3 – Grantee Responsibilities:
  - **Light-touch Outreach services** includes wellness checks and weather-related emergency outreach.
  - **Intensive Outreach services** includes system linkages (housing, benefit/income security, harm reduction, healthcare, etc.), as well as specific population-based interventions; and
  - **Acute Response services** includes rapid action to emerging place-based threats including overdose outbreaks and building fires.
• Document Street Outreach efforts utilizing a shared technology platform designated by DHS and provide a Comprehensive Monthly Street Outreach Report that tracks the metrics specified in Section 2.6 – Reporting Requirements.
• Coordinate Street Outreach efforts with Grantee(s) serving other geographic clusters, actively participate in the Street Outreach Network, coordinate as needed with other District agencies, including the Department of Behavioral Health, health care partners, and with the central coordinating entity responsible for administering the transportation, technology, and telecommunication infrastructure for the Street Outreach Network.
• Actively participate in meetings sponsored by DHS, and the DC Interagency Council on Homelessness (ICH) to share trends, needs, best practices, and resources and to help expand and refine the Street Outreach model.

1.8 Anti-Deficiency Considerations
The commitment to fulfill financial obligations of any kind pursuant to any and all provisions of a grant award, or any subsequent award shall remain subject to the provisions of (i) the federal Anti-Deficiency Act, 31 D.S.C. §§1341, 1342, 1349, 1351, (ii) the District of Columbia Anti-Deficiency Act, D.C. Official Code §§ 47-355.01-355.08 (2001), (iii) D.C. Official Code § 47-105 (2001), and (iv) D.C. Official Code § 1-204.46 (2006 Supp.), as the foregoing statutes may be amended from time to time, regardless of whether a particular obligation has been expressly so conditioned.

1.9 Permissible Use of Grant Funds
A Grantee may use grant funds only for allowable grant project expenditures. Grant funds related to work performed will be provided on a reimbursement basis, except that an advance of funds may be provided for grant administration expenses in limited circumstances for good cause approved by DHS/FSA at its sole discretion.

The Department will collect and the Grantee shall remit all unexpended and/or unsubstantiated funds within ten (10) business days following conclusion of the Grant Performance Period. Unexpended grant dollars that have not been returned to the Department represent a debt to the District of Columbia.

1.10 Competition for a Grant Award
This RFA is competitive. Each Applicant must demonstrate its ability to carry out the activities for the grant for which it applies (called a “project”). A review panel will evaluate the applications for each advertised grant according to the stated list of criteria in each project’s description. The proposal(s) with the highest score(s) will be awarded the grant.

Specifically, grant awards will be made based on eligibility (Section 1.3), the extent to which the proposed project fits within the scope and available funding of the grant, the strength of the application, and the organization’s capacity to achieve the grant’s goals.

1.11 Grant Monitoring
In its sole discretion, DHS/FSA may use several methods to monitor the grant, including site visits, periodic financial reports and the collection of performance data. During such visits, the Grantee is required to provide such access to its facilities, transportation, records, clients and staff as may be necessary for monitoring purposes. The Department will interview the Street Outreach participants to get their feedback on the efficacy of the case management services being provided.

Each grant is subject to audit.
1.12 General Terms and Conditions
“Appendix: General Terms and Conditions” is incorporated by reference in this RFA. Applicants and Grantees must comply with any and all applicable terms and conditions outlined in the appendix.

1.13 DHS’s Authority to Make Grants
DHS has grant-making authority under:

- Title 1, Chapter 50 of the District of Columbia Municipal Regulations; and any other applicable local and federal laws, regulations and policies.

1.14 Contact Person
For further information, please contact:

Jim Crawford
Family Services Administration (FSA)
Department of Human Services
64 New York Ave. NE, 6th Fl.
Washington, DC 20002
202-671-4357

1.15 Updates
In order to receive updates and/or addenda to this RFA, or other related information, applicants are advised to immediately email the following information to Jim Crawford, Grants Management Specialist at jim.crawford@dc.gov:

- Name of applicant organization
- Contact person
- Mailing address
- Telephone and fax number
- E-mail address

1.16 Notice of Intent
Organizations that anticipate submitting an application in response to this request should send a brief letter via e-mail to Jim Crawford. The Notice of Intent is not mandatory nor does it provide any specific obligation with regard to the review or award process.

1.17 Pre-Application Conference
The mandatory Pre-Application Conference will be held at DHS headquarters at 64 New York Avenue, NE, 6th Fl., Washington, DC 20002 on August 13, 2019, from 2:00 PM to 4:00 PM. Prospective Grantees planning to attend the Pre-Application Conference via Webex should request the online meeting information in their RSVP to Jim Crawford at jim.crawford@dc.gov.

1.18 Explanation to Prospective Grantees
Applicants are encouraged to e-mail their questions to Jim Crawford at jim.crawford@dc.gov on or before August 13, 2019, at 4:00 PM. Questions submitted after the deadline date will not receive responses. Please allow ample time for emails to be received prior to the deadline date.
1.19 Deadline Date
The RFA will be issued on August 5, 2019. The Pre-Application Conference will be held on August 13, 2019 and the deadline for submissions of all applications is September 4, 2019, at 4:00 PM. Applications must be received by the deadline. Applications that are received by the deadline date will receive an acknowledgment. NO SUBMISSIONS WILL BE ACCEPTED AFTER 4:00 PM on September 4, 2019.

SECTION 2. PROGRAM SCOPE

2.1 Overview
The Grantee(s) shall engage unsheltered individuals living on the street or in locations not fit for human habitation to facilitate connections to housing systems and homeless services, as well as access to public benefits, physical and behavioral health care, harm reduction interventions, and other mainstream resources. The Street Outreach services covered by this RFA shall focus primarily on fostering housing stability, ultimately increasing the health, safety and quality of life of unsheltered individuals.

Street Outreach services shall be designed to incorporate trauma-informed care principles, and shall ensure individuals served are linked to appropriate resources for assessment, treatment and follow-up. The specific program requirements are outlined below in Section 2.3 Grantee Responsibilities.

During and following the base year of the grant, DHS will partner closely with Grantee(s) and other stakeholders (i.e. DBH, the central coordinating entity, etc.) to refine the service delivery model to ensure effective coordination with services provided by other District agencies and partners.

2.2 DHS Responsibilities
A. Establish, manage, and revise (as necessary) the eligibility requirements for the Program; work with Grantee(s) to develop and implement the street outreach network service model and expand the reach of street outreach services to a District-wide network;
B. Execute the Grantee(s) selection and award process;
C. Facilitate collaboration with designated central coordinating entity, responsible for managing the outreach hotline, hotline transportation services, as well as dispatching information on potential outreach needs in the community;
D. Disburse funds to the Grantee(s);
E. Provide technical assistance, execute the monitoring and oversight of the Grantee(s); and facilitate access to various DHS sponsored trainings

2.3 Grantee Responsibilities
Grantee(s) shall specify the activities and budget amounts for which funds are being requested. The District will consider proposals which go beyond the minimum service requirements, outlined below, including but not limited to extended hours of operations, or leveraging key strategic partnerships and other resources in the community, including partnerships with other District agencies.

Grantee(s) shall articulate in their application how they plan to incorporate and address the requirements listed below:

A. Street Outreach Network Coordination
Grantee(s) shall participate in the Street Outreach Network in a systematic, comprehensive and coordinated manner; provide consultation, help expand and refine the Street Outreach Network model; help develop and refine in-network client coordination processes and protocols;
Grantee(s) shall work closely with DHS and the designated central coordinating entity to adopt and implement relevant technologies and systems impacting street outreach service delivery, as required;

Grantee(s) are expected to attend the Street Outreach meetings hosted by ICH, provide consultation and support the development of District-wide outreach policy;

Grantee(s) shall coordinate with all Street Outreach Network participants, leverage resources and continue to maintain strong partnerships with relevant organizations in the geographic areas assigned for coverage;

Grantee(s) shall designate a Lead Street Outreach Network Coordinator responsible for coordinating participation in the Street Outreach Network. See more detail at Section 3.6 – Staffing Requirements.

Grantee(s) shall coordinate closely and establish collaboration protocols with other outreach teams serving specialized sub-populations in the District (i.e., outreach teams working with transition age youth, veterans, families, case managers working on different housing programs etc.).

B. Delivery of Street Outreach Services to Unsheltered Individuals

Grantee(s) shall offer housing focused and trauma informed street outreach services to unsheltered individuals residing on the streets.

1. Geographic Clusters:

DHS has identified three (3) geographic clusters defined at Census Tract level. These boundaries are detailed in Appendix 2: Geographic Clusters and illustrated below. Each of the three (3) geographic clusters brings unique outreach needs and nuances that will shape the nature and scope of the proposed service delivery model.
Applicants may select to apply for one or more geographic cluster(s), but shall express preference for serving one geographic cluster. Based on the applications submitted, DHS will assign a geographic cluster to the prospective Grantee.

2. Understand Outreach Needs and Ensure Appropriate Services Coverage for the Designated Geographical Cluster:

Once awarded the grant, Grantee(s) shall identify and document the full scope of outreach services needs in their assigned geographic cluster. The proposed service model should take into consideration the unique service needs during different times, including but not limited to weekdays during business hours, weekends, at night, etc.

Grantee(s) are expected to monitor service needs, deploy appropriate resources and ensure appropriate service coverage in their designated geographic cluster. At a minimum, Grantee(s) are expected to complete at least one (1) eight (8) hour shift during each weekend throughout the month, covering the assigned geographic cluster. After the initial six (6) months, Grantee(s) can propose to DHS an alternate schedule, if warranted.

3. Hours of Operation and Staff Coverage:

At a minimum, Street Outreach services must be available through 11:00 p.m. on weekdays, and during holidays that fall on weekdays. Grantee(s) are expected to complete at least one (1) eight (8) hour shift during each weekend throughout the month, covering the assigned geographic cluster. The specific hours of operation can be continuous or intermittent, depending on the proposed service delivery model and the outreach needs identified in the designated cluster.

DHS will consider proposals which include around the clock, seven (7) days per week services.

Grantee(s) shall develop and disseminate within the Street Outreach Network an after-hours service coverage plan, listing after-hours staff coverage with contact information. The Grantee(s) shall update the after-hours coverage plan on a weekly basis and share with the DHS Grant Administrator, as well as with the designated central coordinating entity and the Lead Street Outreach Network Coordinator(s) designated by the additional Grantee(s).

During hypothermia season and in case of DHS designated emergency threats (natural disasters, emergency heat alerts, etc.), the Grantee(s) shall be available to mobilize at least fifty (50%) percent of their outreach staff complement to provide after-hours outreach services.

4. Street Outreach Services Referral Process:

The Grantee(s) shall identify individuals in need of receiving outreach services through the following outlets:

- Direct outreach work in the designated geographic cluster assigned to each Grantee; and
- Phone calls and/or other electronic referral methods for outreach services dispatched by the central coordinating entity responsible for the street outreach network synchronization, or other entities identified by DHS.

Grantee(s) shall work with DHS to develop a triage protocol to assess the urgency of the outreach service requests, as well as to determine the appropriate response times. To the extent possible, Grantee(s) should coordinate efforts and follow the same protocols across the Street Outreach Network.
5. Case Management Services:

Street Outreach staff shall provide case management services to unsheltered individuals who request or express willingness to engage in case management. Street Outreach staff shall document all client interactions and coordinate efforts and make referrals to help obtain benefits, housing, employment, or health-related services on behalf of the individuals served. All case management services must adhere to the Performance Standards for Case Management Services, as defined in Section 3.8.

6. Levels of Street Outreach Services:

Light-touch Outreach Services: Grantee(s) are expected to focus approximately twenty five (25%) percent of their time on connecting with unsheltered individuals residing on the street or in locations not fit for human habitation.

At a minimum, staff offering light-touch street outreach services shall:

- Complete initial engagements and/or wellness checks with individuals in need of outreach services
- Provide comfort items as needed (e.g. blankets, water), as well as information resources on available services to address their identified needs
- Distribute preparedness information in case of emergency alerts (e.g. forecasted natural disasters)
- Connect individuals to homeless system services (e.g. day services centers, low barrier shelter, diversion services, etc.)
- Triage and refer clients for Intensive Outreach Services (identified below).

Grantee(s) shall respond to all outreach referrals from the Street Outreach central coordinating entity or other entities designated by DHS within a maximum of twenty-four (24) hours after receiving the referral, depending on the nature of the outreach need. All other outreach needs identified by the Grantee’s outreach teams shall be addressed immediately.

Intensive Outreach Services: Grantee(s) are expected to focus approximately seventy five (75%) percent of their time providing intensive housing-focused case management services and connecting individuals in need of outreach services to housing solutions, and/or other support services as needed. The Street Outreach services shall focus primarily on fostering housing stability, ultimately increasing the health, safety and quality of life of unsheltered individuals.

At a minimum, staff offering intensive outreach services shall:

- Complete a Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment for unsheltered individuals that are open to receiving services and upload assessments in HMIS.
- Complete Coordinated Assessment and Housing Placement (CAHP) System linkages and attend CAHP meetings.
- Facilitate connections with housing service providers, when individuals served are matched with a housing services provider (i.e. help PSH providers locate clients referred to their program).
- Help with document collection and storage – provide a safe space where individuals in need of outreach services can keep the vital records originals.
- Complete the assessment, planning, crisis mitigation, service coordination, monitoring, and re-assessment for unsheltered individuals. During this process, clients’ strengths will be recognized, and clients’ needs will be identified and addressed.
- Develop a Service Plan in HMIS for each individual engaged in case management services; Service Plans shall include client goals, service needs, referrals and linkages to support services, etc. The Service Plan needs to be developed no more than seven (7) calendar days after client intake for case management. Service Plans shall be updated every 90 days (or more frequently as warranted by circumstances) until individuals are terminated/complete the program.
- Connect individuals receiving outreach services to resources and benefits (e.g. SOAR and medical benefits processing).
- Facilitate access to harm reduction services.
- Facilitate linkage and connection to other services and providers, as needed.
- For individuals suspected of having substance use or behavior health issues, coordinate with DBH to ensure linkage, participation in services, and ongoing care coordination.
- Coordinate closely with other governmental entities such as the DC Department of Behavioral Health (DBH), the DC Child and Family Services Agency (CFSA), the DC Department of Health (DC Health), etc. as well as non-profit organizations to ensure that individuals in crisis are appropriately referred and linked to the appropriate entity. Team with other partners to address housing needs of clients while other issues are being addressed. Some examples of individual crisis that may require appropriate linkage include, but are not limited to: substance use, behavioral health concerns, the presence of a youth, physical health concerns, etc. that require immediate intervention.

**Acute Response:** May incorporate the above response strategies but is otherwise a place-based response to emerging threats. Grantee(s) are expected to have the ability to mobilize staff and support DHS’s response efforts to designated emergency threats. DHS shall define and designate the emerging threats that would require an acute Street Outreach response. Examples include, but are not limited to: building fires (in support with the Strong Families program, addressing housing displacement while the Community Response Team (CRT)/DBH address social/emotional challenges), encampments, synthetic cannabinoid (aka K2) outbreaks responses (participate in K2 coordination calls), etc.

**C. Connect Clients to Housing Solutions & Homeless System -- Continuum of Care Coordination:**

The Continuum of Care (CoC) is the comprehensive system of services for individuals and families who are homeless or at imminent risk of becoming homeless. Designed to serve clients based on their individual level of need, the CoC coordination may include crisis intervention, outreach and assessment services, shelter, transitional housing, rapid rehousing, permanent supportive housing, and supportive services.

At a minimum, Grantee(s) shall be able to meet the following requirements:

Grantee(s) shall partner with existing District providers who offer housing solutions and homeless services (e.g. Day Service centers, low barrier shelters, diversion services, etc.).

When working with clients who are already connected to case management services, Grantee(s) shall team with other case managers and conduct case conferencing as necessary to ensure coordinated service delivery.

Grantee(s) shall identify, engage, and connect unsheltered individuals to the CAHP System to ensure fair and equal access to the coordinated entry process regardless of where or how people present for services. More specifically, Grantee(s) shall:

- Establish partnerships with DHS, the ICH, community service providers and other related organizations to increase awareness of coordinated entry and develop referral pipelines.
 Coordinate with the other organizations providing outreach services in the designated geographical clusters.
• Conduct engagement and relationship building activities with hard to reach unsheltered individuals.
• Conduct assessments using the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) and other assessment tools per DHS guidance.
• Assign a street outreach lead to attend the CAHP matching meetings; present relevant information on the clients referred to the system, as well as facilitate a warm hand-off for clients matched to housing service or other providers or agencies.
• Conduct safety and crisis assessments.
• Work closely with DHS housing service providers (e.g. Permanent Supportive Housing (PSH), Rapid Rehousing for Individuals or Families, etc.) and assist with client tracking and location.

D. Connect Clients to Support Services; Increase the Health, Safety, and Quality of Life for Unsheltered Individuals:

The Street Outreach Grantee(s) shall partner with an extensive network of service providers offering targeted support services relevant for unsheltered individuals.

Case managers shall coordinate access to both formal and informal resources to support clients in maximizing their quality of life, including but not limited to the following:

• Obtaining basic life sustaining items to protect against the outdoor elements (food, water, blankets, socks, gloves, etc.)
• Assistance with accessing emergency medical services and linkages to primary medical care
• Assistance with applying for or maintaining health insurance and entitlement benefits
• Assistance with gathering documentation and completing paperwork for securing vital records, SOAR applications, etc.
• Assistance with accessing transportation
• Referrals/linkages to (as applicable):
  o Behavioral health services, substance abuse treatment, and physical health care for individuals who are disconnected or who have high barriers
  o Harm reduction interventions for mental health, substance use, and physical health
  o Coordination with hospitals and emergency services to reduce usage and improve the quality of care
  o Financial/credit counseling
  o Education and vocational training
  o Job readiness and employment services
  o Legal aid services
  o Immigration services
  o Life skills training; and
  o Shelter diversion programs, etc.

NOTE: Recognizing the amount of coordination required assisting clients to secure additional income and submitting SOAR applications, Grantee(s) can access financial incentives for submitting SOAR applications and successful approvals. More information available in Appendix 3: SOAR Guidelines. Grantees are expected to include in the budget narrative the anticipated incentives secured by submitting SOAR applications.
2.4 Additional Grantee Responsibilities

A. Cultural Competency
The Grantee(s) shall ensure that services and assessments delivered through Street Outreach engagements and interactions are culturally competent and culturally sensitive to the needs of the target population. The Grantee(s) shall:

- Ensure the ability of appropriately trained and qualified staff, service partners and providers to deliver or ensure access to services in a manner that effectively responds to the languages, values, and practices present in the various cultures of its clients so that the Grantee can respond to the individual needs of each client;
- Use ongoing planning and stakeholder consultation to evaluate the cultural competence of service delivery and use feedback to improve processes and service designs;
- Provide cultural competence training and awareness to staff, service partners and providers and ensure that program design, policies and services effectively meet the diverse needs of the target population.

In applying for this Grant, prospective Grantee(s) shall demonstrate their understanding of the nature/needs of the unsheltered population in the geographic cluster(s) they are applying to cover. Past experience working with these unsheltered individuals and within the selected cluster(s) will be taken into account, as well as the Grantee(s)’ articulated plan to administer culturally competent and culturally sensitive Street Outreach services for unsheltered individuals in the identified geographic cluster(s).

B. Grant Management and Administration

- Participate freely with the Grant Administrator, providing information as requested.
- Develop a comprehensive quality assurance plan that monitors and ensures compliance with all the requirements of the present agreement. At a minimum, the Grantee(s) shall include a review of the quality and effectiveness of services on an annual basis per the request of the Grant Administrator.
- Provide data monthly to DHS/FSA in accordance with the reporting requirements included in the Grant Agreement.
- Provide data in accordance with the reporting requirements detailed in Section 2.6 in a manner conducive to detailed independent verification. All reporting requirements shall be carried out in accordance with the DHS/FSA’s policies and procedures and report templates, including any subsequent amendments. The Grantee(s) shall comply with relevant privacy and confidentiality standards, HIPAA, and any electronic formatting specifications.
- Prepare documentation and participate in an Annual Performance Evaluation and Audit.
- Attend meetings to explain or provide additional information regarding reports submitted. The Grantee(s) shall be required to send appropriate management staff to attend such meetings as required by DHS/FSA.
- Obtain approval from DHS/FSA for any informational materials prior to printing to ensure that appropriate citations are included and the focus of the materials meet the public information and education needs for which they are designed to address. Where appropriate, Grantee(s) must translate its program information into the languages of the target populations that it serves or, at a minimum, into the four of the six languages required by the Language Access Act. These languages include Amharic, Chinese, French, Korean, Spanish, and Vietnamese.
- Provide information such as positive outcome stories, information about special events, issues/concerns, etc., to the DHS/FSA Grant Administrator, as needed or upon request.
In accordance with the DC Human Rights Act of 1977, as amended, (D.C. Law 2-38; D.C. Official Code §§ 2-1401.01, et seq.), the Grantee(s) shall ensure the delivery of services are free from discrimination on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intra-family offense, and place of residence or business. In addition, Grantee(s) shall ensure the delivery of services is free from workplace sexual harassment of clients and staff. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary actions.

2.5 Confidentiality of Records
The applicant must demonstrate an ability to maintain the confidentiality of participant information and to report the information specified below to the DHS/FSA. Specifically, the applicant must agree to and abide by the following conditions:

A. The Grantee(s) awarded contracts through this RFA must keep information concerning clients strictly confidential, and the information shall not be divulged to unauthorized persons. The Grantee(s) must demonstrate an ability to maintain the confidentiality of client information, and Grantee(s) must adhere to all Federal and local laws related to confidentiality. Client information must be shared with the Department upon the request of the Department’s staff.

B. The Grantee(s) must ensure that all staff with access to confidential or sensitive information is aware of and trained on the relevant provisions of local and Federal laws and regulations regarding client information and confidentiality, including statutes addressing mental health, HIV/AIDS, substance abuse, domestic violence, and minors.

C. The Provider(s) must establish clear policies and procedures to ensure and make clients aware of their right to privacy and confidentiality in case management service delivery and information dissemination. The Provider(s) must post a notice at its offices that the policies are available and make a copy available upon request by any client. The Provider(s) must allow any individual who provided protected personal information the right to inspect and receive a copy of the personal information collected about him/her.

D. Participant records shall be kept confidential and shall not be open to public inspection, nor shall their contents or existence be disclosed to the public. Participant records may not be divulged to unauthorized persons.

E. No person receiving information concerning a participant shall publish or use the information for any purpose other than that for which it was obtained, reviewed, or presented.

F. All project staff and volunteers shall sign a confidentiality statement prior to engaging in work with participants.

G. All records regarding children receiving services from a participant shall be subject to the confidentiality requirements.

H. Applicants shall submit a signed confidentiality statement, provided by DHS/FSA, for each current staff person or volunteer who will be working on the Program prior to the execution of services.

This RFA requires that all records and information concerning: victims and potential victims of domestic violence; presence of a communicable disease or non-communicable disease such as HIV/AIDS; mental illness or treatment for mental illness; and substance or alcohol abuse, is to be held strictly confidential and shall not be divulged to unauthorized persons, in accordance with 42 U.S. Code § 290dd–2, 42 C.F.R. § 2.11-2.12, The District of Columbia Public Assistance Act of 1982, as amended, (D.C. Law 4-101; D.C. Official Code § 4-209.04); the Homeless Services Reform Act of 2005, as amended, effective October 22, 2005(D.C. Law 16-35; D.C. Official Code § 4-754.11(7) and any other applicable District and federal
confidentiality laws. The Grantee must demonstrate an ability to maintain the confidentiality of clients’ information and to report the information specified below to DHS/FSA. Specifically, the Grantee must agree to and abide by the following conditions:

A. Any client information shall be kept confidential and shall not be open to public inspection, nor shall their contents or existence be disclosed to the public. If client records are maintained, they may not be divulged to unauthorized persons.

B. No person receiving information concerning a victim of domestic violence shall publish or use the information for any purpose other than that for which it was obtained, reviewed, or presented.

C. The Grantee(s) shall submit with the application a signed confidentiality statement, found in Attachment J, for each current staff person who will be working on the shelter beds, transitional housing, and homeless services for youth per the requirements of the End Youth Homelessness Act of 2014 and this RFA. Each volunteer must also sign a confidentiality agreement prior to participation in a grant program covered by this RFA.

2.6 Reporting Requirements
Grantee(s) shall perform the activities required to successfully complete the District’s requirements and submit each deliverable to the Grant Administrator.

The Grantee(s) are expected to submit a Comprehensive Monthly Street Outreach Report to the Grant Administrator by the 10th day of each month (reflecting activities for the previous month), using a template to be provided by the DHS Grant Administrator. The report will minimally include the following information:

- A listing of the organization’s overall caseload.
- General demographic information on clients within the caseload.
- A description of the contact (frequency and type) with each client.
- A description of the services clients are engaged in and the efficacy of those services.
- Levels of client participation and engagement in services.
- Progress towards client service plan goals.
- A listing of all staff working under the contract and any additional staff members who are working as part of a team to provide services to clients, and their individual caseloads, or a description of caseloads for the team.
- A listing and explanation of any/all concerns related to clients or other matters.
- A listing and explanation of any/all progress or concerns related to the housing, safety, well-being and stabilization needs of individuals engaged in case management services (as applicable), and potential impacts on meeting the long-term housing needs of clients.
- Abnormal financial expenditures and unusual requests related to contract/program activity relevant to particular clients
- Report unusual incidents electronically using the Department’s unusual incident report database upon the occurrence of the incident to the CA and the designated PSHP point of contact within 24 hours.
- Emergency response reporting following DHS guidance.
In addition to these reports, additional reports (Annual Street Outreach Report, client specific reports, etc.) and client information must be provided upon request. A summary of all deliverables, quantity, formats, and deadlines is included in the table below. Each deliverable must be submitted to the Grant Administrator within the due date timeline specified below.

<table>
<thead>
<tr>
<th>No.</th>
<th>Deliverable</th>
<th>Quantity</th>
<th>Format / Method of Delivery</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Budget Narrative</td>
<td>Annual</td>
<td>Written Report (electronic)</td>
<td>30 days post award; to be renewed annually</td>
</tr>
<tr>
<td>2</td>
<td>Close Out Report</td>
<td>1</td>
<td>Written Report (electronic)</td>
<td>30 days after award period of performance expired</td>
</tr>
<tr>
<td>3</td>
<td>Comprehensive Monthly Street Outreach Report</td>
<td>Monthly</td>
<td>Written Report (electronic)</td>
<td>10th day of each month</td>
</tr>
<tr>
<td>4</td>
<td>Hypothermia Season and Emergency Coverage Plan</td>
<td>1</td>
<td>Written Report (electronic)</td>
<td>30 days post award</td>
</tr>
<tr>
<td>5</td>
<td>MOUs and or Agreements with partner organizations (if applicable)</td>
<td>1</td>
<td>PDF Copies</td>
<td>30 days prior to the start of services</td>
</tr>
<tr>
<td>6</td>
<td>Quarterly Performance Report</td>
<td>Quarterly</td>
<td>Written Report (electronic)</td>
<td>3 months post award; to be renewed quarterly</td>
</tr>
<tr>
<td>7</td>
<td>Program Rules</td>
<td>1</td>
<td>Written Report (electronic)</td>
<td>30 days post award</td>
</tr>
<tr>
<td>8</td>
<td>Staffing Plan</td>
<td>Quarterly</td>
<td>Written Report (electronic)</td>
<td>30 days post award</td>
</tr>
<tr>
<td>9</td>
<td>Staff Training Plan</td>
<td>Annual</td>
<td>Written Report (electronic)</td>
<td>30 days post award; to be renewed annually</td>
</tr>
<tr>
<td>10</td>
<td>Street Outreach Needs Map</td>
<td>Quarterly</td>
<td>Written Report (electronic)</td>
<td>4 months post award</td>
</tr>
<tr>
<td>11</td>
<td>Street Outreach Referral Triage and Dispatch Protocol</td>
<td>1</td>
<td>Written Report (electronic)</td>
<td>30 days post award</td>
</tr>
<tr>
<td>12</td>
<td>Weekly Outreach Coverage Plan</td>
<td>Weekly</td>
<td>Written Report (electronic)</td>
<td>30 days post award</td>
</tr>
<tr>
<td>13</td>
<td>Work Plan</td>
<td>Annual</td>
<td>Written Report (electronic)</td>
<td>30 days post award; to be renewed annually</td>
</tr>
</tbody>
</table>

**Data Collection:** The Grantee(s) shall collect data that provides measurable indicators that will inform promising practices to improve services and programs for the target population. Grantee(s) shall be responsible for using HMIS to track Street Outreach efforts, service connections, and outcomes and analyze results of the data collection. Data collected must be entered into HMIS within no more than forty-eight (48) hours of services performed.
Grantee(s) shall track, monitor and report on the following data elements:

<table>
<thead>
<tr>
<th>Area</th>
<th>Components</th>
<th>Data elements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Outreach Engagement</strong></td>
<td>Clients Served</td>
<td>Unduplicated clients served; new clients served; in person client contacts; clients with only one contact; clients w/ 2+ contacts; clients w/ 10+ contacts</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Completed SPDAT assessments in HMIS; completed full SPDAT assessments in HMIS; number and type of service referrals made; client escorts to appointments; instances of care coordination for a client; case conference with other providers about a client</td>
<td></td>
</tr>
<tr>
<td>Team Response to Community Calls</td>
<td>Community Referrals and Encampment Requests</td>
<td></td>
</tr>
<tr>
<td><strong>Client Support and Achievements</strong></td>
<td>Basic Client Needs</td>
<td>Number of clients who received material goods/comfort items (clothing, food, etc.); number of clients who received transportation vouchers (Rideshare, bus, train, etc.); number of clients that received legal support</td>
</tr>
<tr>
<td>Medical Needs</td>
<td>Number of Medical Crisis Response; number of assistances with obtaining primary/specialty care; number of clients who received primary/specialized care; number of clients who received medication assistance/medical supplies; number of clients placed in nursing care, etc.</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Psychiatric crisis response; number of clients connected to Assertive Community Treatment (ACT) Teams; linkages to behavioral health services; assistances accessing substance use treatment programs; number of clients who received crisis beds admissions, etc.</td>
<td></td>
</tr>
<tr>
<td>Documents</td>
<td>Assistances with vital documents; number of clients who received Vital Records; number of clients who were assisted in obtaining proof of income, etc.</td>
<td></td>
</tr>
<tr>
<td>Entitlements</td>
<td>Assistances with disability/SOAR applications; number of clients receiving disability/SOAR income; assistances with medical insurance paperwork; number of clients receiving medical insurance; assistance with obtaining SNAP; number of clients receiving SNAP; assistance in obtaining a Safelink phone, etc.</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>Assistances locating clients referred to housing programs; number of clients who secured independent housing; number of clients referred to CAHP, etc.</td>
<td></td>
</tr>
</tbody>
</table>

**Close Out Report:** The Grantee shall submit to DHS a final report no later than 30 days after expiration of the Grant Agreement. The final report shall summarize all data collection, data analysis, findings, and recommendations. DHS shall provide a template for this report.
2.7 Certifications and Assurances
The Grantee(s) shall complete and return the Certifications [Attachment B] and Assurances [Attachment C] with the application submission.

Grantee(s) shall ensure their staff and unsupervised volunteers providing direct street outreach services to unsheltered individuals have valid background check clearances. Background check clearances must be submitted to the DHS Grant Administrator for approval before staff may begin providing services pursuant to this grant, and must be renewed every two years. Grantee(s) need to submit the following background check clearance package for staff providing direct services:

- Federal and local and criminal background checks issued by the Metropolitan Police Department (MPD) and the Federal Bureau of Investigation (FBI). Background checks shall be conducted in all jurisdictions in which the individual has resided for the prior five (5) years.
- Tuberculosis tests with negative results. A licensed physician shall sign the medical clearance report.
- Drug test with negative results covering the following drug panel: marijuana, cocaine, opiates – opium and codeine derivatives, amphetamines and methamphetamines; phencyclidine – PCP; synthetic drugs, and alcohol.

SECTION 3. GENERAL PROVISIONS

3.1 Payment Provisions
The District shall make payments on approved invoiced amounts in accordance with the terms of the Grant Agreement which results from the RFA. All payment requests shall be accompanied by a copy of the report covering the period for which reimbursement is being requested. Payment requests shall be based on invoices with supporting source documentation, as may be required by DHS.

DHS will not reimburse the Grantee for any work undertaken before DHS notifies the recipient of the final award of the grant.

If the prospective Grantee(s) seeks an advance payment, it must request such payment in its proposal and explain why an advance payment is being requested. DHS may make advance payments to the Grantee to assist the Grantee in meeting its expenditure obligations for the services provided under this RFA, the availability, amount and frequency thereof as detailed in the Grant Agreement. Grantee(s) may reasonably expect to receive an initial advance payment of up to 25% of the funded amount upon having an executed Grant Agreement.

For the remaining funding, DHS will reimburse the Grantee only for expenditures incurred to perform work under the Grant Agreement. DHS may make advance payments to the Grantee to assist the Grantee in meeting its expenditure obligations for the services provided under the grant agreement, the availability, amount and frequency thereof will be detailed in the grant agreement.

The Grantee shall return to DHS any funds relating to the Grant paid to the Grantee in excess of the Eligible Costs of services and/or Budget provided under this Agreement (including advance payments as described in the Grant Agreement within ten (10) business days of completion of the Grant or upon notification of DHS in writing. If the Grantee fails to return excess funds, DHS may deduct the appropriate amount from subsequent payments due to the Grantee. DHS also reserves the right to recover such funds by any other legal means necessary.

DHS operates on the District’s fiscal year, which starts October 1 of a calendar year and ends September 30 of the next calendar year. The grantee may submit a reimbursement request or an invoice at any time.
during the fiscal year for work performed within that same fiscal year. Each request/invoice must include all required supporting documentation.

Reimbursements will be mailed to the address on file for the grantee. DHS may make electronic payments in lieu of mailing checks. DHS generally pays grant invoices 30 days after the Grantee submits them through the eInvoicing portal.

3.2 Insurance
The Grantee, when requested, must be able to show proof of all insurance coverage required by law. All Applicants that receive awards under this RFA must show proof of insurance prior to receiving funds. It is DHS’ expectation that the Grantee’s budget covers the cost of this required insurance and will not later adjust the grant award for this amount.

3.3 Audits and Accounting
The Grantee shall maintain an accounting system that:

A. Conforms to generally accepted accounting principles;
B. Permits an audit of all income received and expenditures disbursed by the Grantee during performance of the activities approved for the Grant; and
C. Allows for the identification and review of documents supporting an accounting entry.

The Grantee shall assist, and shall require that its contractors, subcontractors, and subgrantees assist, in the inspection and provision of financial records relevant to the Grant, including financial statements and tax returns.

At any time before final payment on this Grant, or the end of the District fiscal year in which the Grant ends, whichever is later, and for three (3) years thereafter, the District shall have the right to audit the Grantee, its contractors, subcontractors, or subgrantees.

If a federal agency undertakes an audit of the Grantee in connection with the Grant, the Grantee shall make available to DHS all information that the audit requires, including information from its contractors, subcontractors, subgrantees, and, as practicable, vendors.

The Grantee shall, upon DHS request, repay to DHS a reimbursed expenditure that DHS has disallowed after an audit.

3.4 Non-discrimination in the Delivery of Services
In accordance with the DC Human Rights Act of 1977, as amended, (D.C. Law 2-38; D.C. Official Code §§ 2-1401.01, et seq.), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family status, family responsibilities, matriculation, political affiliation, genetic information, disability source of income, status as a victim of an intra-family offense, and place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary actions.

In accordance with the DC Language Access Act of 2004 (D.C. Law 15-167; D.C. Official Code §§ 2-1931, et seq.), District government programs, departments, and services must assess the need for, and offer, oral language services and provide written translation of vital documents into any non-English language spoken by a limited or no-English proficient population that constitutes 3% or 500 individuals, whichever is less, of the population served or encountered, or likely to be served or encountered.
3.5 Conflicts of Interest
Grantee(s) must avoid apparent and actual conflicts of interest when administering grants. A conflict of interest may arise when, among other things, the Grantee(s) or a person participating in an administrative decision regarding a project is likely to profit or otherwise receive undue benefit from the decision or his or her immediate family member is likely to profit or otherwise receive undue benefit from the decision.

3.6 Staff Requirements
Grantee shall employ adequate administrative, professional, and paraprofessional staff to meet the specifications of the scope of work and shall maintain documentation that staff possesses adequate training and continued competence to perform the duties they have been assigned.

Grantee(s) shall build a Street Outreach team that is positive, culturally competent, qualified, has direct previous experience working with individuals experiencing homelessness, and a demonstrated track record of successfully engaging clients residing on the streets. This team shall possess the necessary experience and the ability to engage individuals residing on the streets during daytime hours, as well as in the evenings/overnight and on the weekend.

At a minimum, this team shall include the following positions:

- Program Manager (potentially filling the role of the Lead Street Outreach Network Coordinator) to oversee all Street Outreach programming and staff to safely deliver all outreach services included in this proposal. If the Program Manager does not concurrently meet the qualifications to supervise case management, as outlined below, then the staff must also include a supervisor who meets those requirements.
- Lead Street Outreach Network Coordinator (potentially filling the role of the Program Manager) to act as a liaison with the lead coordinators designated by the additional Grantee(s) and the representatives from the central coordinating entity to ensure timely information sharing, efficient case coordination, representation at coordinating forums (e.g. CAHP, ICH, DHS meetings, etc.), and thoughtful approaches to developing the Street Outreach Services Network.
- Case Management staff
- Peer Outreach staff
- Clinical social worker
- Harm Reduction/Addiction Specialist

In addition, Grantee(s) should consider adding the following roles to the outreach team(s): bi-lingual staff; Youth specialist staff; LGBTQ specialist staff etc.

Grantee(s) shall submit a Staffing Plan that includes all staff that will be assigned to perform under the grant agreement, indicating the roles, responsibilities and time allocated to support the grant. See Attachment F: Staffing Plan for an example template. Applications must include current resumes for all staff assigned to work on the grant, and an organizational chart with a graphical representation of the grant’s team structure and relationships. Any changes in staffing patterns or job descriptions shall be approved in writing in advance by the DHS/FSA Grant Administrator.

Applicant must identify and provide resumes for all paid personnel who will have responsibility for performing the proposed work, as well as any qualification standards for volunteer staff included in the proposal. Indicate the level of effort each staff person shall have on all relevant services (e.g. outreach services). Indicate the organization of the proposed staff. If the proposal involves a team submission, explain how the team will be organized to ensure adequate communication and performance among the firms in the team arrangement.
Grantee(s) shall require all street outreach staff attend District-sponsored training, as directed by DHS. This includes, but is not limited to: Cultural Sensitivity / (LGBTQIA); Treatment Planning Basics; Basic Documentation; Mental Health/Substance Use Disorders: Similarities and differences (DBH), HMIS training, and other trainings to be specified by DHS.

All paid personnel must possess a good working knowledge of the services rendered by DHS, its activities, regulations, policies and procedures, especially in the area of homeless services continuum. Staff responsible for managing and administering the grant is expected to demonstrate ability to prepare reports effectively, analyze information, and make recommendations based on thoughtful and well-reasoned analysis, and communicates orally and in writing.

In addition to the qualifications outlined above, proposed staff must meet the education and qualification guidelines outlined below:

Program Manager must have (at a minimum):
- Master’s Degree preferably in the social sciences field
- 3 years + experience program/project management experience
- 2 years + supervisory experience in a demanding environment
- The Program Manager may also serve as the Lead Street Outreach Network Coordinator so long as they also meet the minimum requirements for that position.

Lead Street Outreach Network Coordinator must have (at a minimum):
- 3 years + experience program/project management experience
- 2 years of previous experience working in homeless/mental health/substance abuse/case management for vulnerable populations
- The Lead Street Outreach Network Coordinator may also serve as the Program Manager so long as they also meet the minimum requirements for that position.

Case managers must have (at a minimum):
- Bachelor’s degree or substituting experience for education requirement
- Training programs (Certified Addiction Counselor, Peer Certification, etc.)
- 2 years of previous experience working in homeless/mental health/substance abuse/case management for vulnerable populations

Clinical social workers must have (at a minimum):
- Master’s degree in clinical field
- 2+ years’ experience in a social services
- Licensed in social work, professional counseling, etc. (such as MSW, LGSW, LICSW)

Harm/Reduction/Addictions specialist must have (at a minimum):
- Master’s degree in clinical field and 2+ years’ experience in harm reduction/addictions field
- Bachelor’s in behavioral health field with 4+ years of experience in harm reduction/addictions, Certified Addictions Counselors, etc.

Peer Outreach Workers must have (at a minimum):
- High School Diploma or GED program with relevant work experience with homeless services
- 1+ years of relevant peer work experience and peer certification
- Lived experience homelessness/mental health/substance use
3.7 Facility Requirements

Applicants may include the costs related to a facility in their application, which can be new facility, a renovated facility, an expanded facility, or an existing facility. Any costs associated with the use of that space would be treated as operating overhead. However, if a provider wishes to use existing space, then the provider must demonstrate that Street Outreach programs funded under this RFA are an expansion, not supplementation, of their existing service delivery model. For example, if a provider is already offering services in an existing facility, the District will not pay any operating overhead for facility costs unless the provider can demonstrate the additional funding creates an expansion of their existing service delivery and customer base.

Regulations: The Grantee(s)’ facilities and transportation used during the performance of the grant agreement shall meet all applicable Federal, state, and local regulations for their intended use throughout the duration of the grant agreement. The Grantee(s) shall maintain current all required permits and licenses. The Grantee’s failure to do so shall constitute a failure to perform under the agreement and become a basis for termination of the grant agreement for default.

Maintenance: All supplies and services routinely needed for maintenance and operation of the facility, such as security, janitorial services, or trash pickup shall be provided by the Grantee(s).


3.8 Performance Standards for Case Management Services and Documentation

The prospective Grantee(s) seeking to deliver Outreach services pursuant to this RFA shall meet the following standards for case management:

- The Grantee(s) shall not exceed for the intensive outreach services a maximum of 30:1 ratio of clients to Case Managers at any given time.

- Case Managers shall ensure clients are actually connected to, and engaged in, supportive services as outlined in their service plan and not simply referred to programs. Additionally, Grantee(s) will be required to evaluate the efficacy of supportive services their clients are receiving as outlined in Section 3.10 Evaluation.

- Case Managers shall develop a Service Plan in HMIS for each client engaged in ongoing case management services. The Service Plan needs to be developed no more than seven (7) calendar days after client intake for case management and it shall be updated every 90 days (or more frequently as warranted by circumstances) hereinafter for the duration of client’s participation in services. The Service Plan shall include, but is not limited to, the following elements:
  - Mainstream benefits: Grantee(s) shall establish procedures for screening unsheltered individuals receiving outreach services for eligibility for mainstream benefits, particularly relative to Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI), and must assist participants in applying for mainstream benefits for which they are eligible.
  - Housing linkage: Grantee(s) shall establish screening procedures to determine eligibility for all housing types, including Permanent Supportive Housing, Targeted Affordable Housing, Shelter+ Care, Veteran Affairs Supportive Housing, and Housing Choice Vouchers. In addition, participants should also be assessed for market rate housing options. This includes
rapid re-housing programs that offer both short and medium term rental assistance.

- Substance use: Grantee(s) shall refer clients for screening when alcohol and substance abuse are suspected or self-identified. Case Managers must provide appropriate referrals to alcohol and substance use treatment services. Grantee(s) are expected to work closely with DBH, to send referrals, facilitate warm hand-offs, etc.

- Behavioral and Health Services: Grantee(s) shall refer clients for screening when physical and behavioral health needs are observed or volunteered by clients. Case Managers must provide appropriate referrals to medical and behavioral health service providers who can determine eligibility for public benefit programs.

- Referral procedures: Grantee(s) must establish referral and follow-up procedures to confirm all referrals made to other services. Documentation of referrals made and referral confirmation must be maintained in participant files, and documented in HMIS within 48 hours.

- Employment development/placement programs: Grantee(s) shall establish effective working relationships with employment programs, including Work Resource Centers, and assist participants in participating in services to prepare for and obtain employment.

- Progress notes: Case managers shall routinely document the content and outcome of case management meetings with participants, and document their progress in achieving the desired outcomes. Case managers shall document all meetings, collateral contacts, referrals, missed meetings, and any other relevant information pertaining to the client’s progress towards self-sufficiency in HMIS. All documentation for substance users must be consistent with Federal Regulation 42 CFR. Progress notes must be updated in HMIS within forty-eight (48) hours of the case management intervention/interaction.

- An outreach case manager will stop carrying an individual as active from an outreach caseload in circumstances including, but not limited to the following:
  - An individual is housed in an appropriate housing service (PSH, TAH, RRH, etc.)—This does not include an individual entering shelter as they may very possibly enter shelter for a short time and then return to an unhoused situation.
  - Thirty (30) days of no interaction despite attempts to connect with the client (individual has moved out of state, is incarcerated, is unable to be located, etc.).
  - Individual refuses services. In these circumstances, the Applicant should continue welfare checks but the case will be closed for case management services.

**Assessments:** Grantee(s) shall train staff to conduct non-clinical intakes and housing assessments using the VI-SPDAT or full SPDAT to facilitate entry into the CAHP System.

**HMIS Utilization:** Grantee(s) shall use HMIS to:

- Document the daily participation of each individual each time an individual is engaged through Street Outreach at the location of outreach maximum forty-eight (48) hours after the interaction took place;
- Complete data entry, and perform analysis/reporting of all Street Outreach activities as required by DHS. See Section 2.6 Reporting Requirements; and
- Look up the recent inventory of available shelter beds so participants can be informed about choices for sleeping accommodations. If recent HMIS inventory is not accurate in real-time, then prospective Grantee(s) should be able to leverage direct and indirect relationships with shelters systems to understand bed availability.
Additional Performance & Quality Assurance Standards

DHS/FSA expects that the Grantee(s)’s performance will result in measurable, quality improvements in the target population, which will be reported in the quarterly program performance reports. The Grantee(s) will be expected to meet on a monthly basis with DHS/FSA to share status updates on grant activities, review data and performance, etc. In addition, the Grantee(s) will be required to meet performance standards and acceptable quality level to be determined by DHS/FSA and the Grantee(s).

The Grantee(s) shall monitor and evaluate activities associated with completing this project.

At a minimum, the Grantee(s) shall ensure the following:

Grantee(s) shall develop a quality assurance program to include a review of the timely completion of tasks and progress made toward achieving the goals of the project.

The Grantee(s) shall track and address issues and suggestions raised by the target populations when feasible.

The Grantee(s) shall develop a process to monitor and evaluate activities of staff performing services under this RFA, including staff working as part of a team to provide services that are related to a client’s service plan. At a minimum, the Grantee(s) shall include a review of the appropriateness, quality, and effectiveness of services on a semi-annual basis per the request of the Grant Administrator. Grantee(s) shall be responsible for documentation of services provided to clients, including updates regarding overall client progress as well as any issues that may arise.

The Grantee(s) shall inform all clients of the services available and of their rights as a participant in the program. The Grantee(s) shall inform all clients of the process by which to file a complaint or grievance, and the process by which a grievance disposition can be appealed. The Grantee(s) are expected to develop and comply with, a process for receiving, investigating and addressing client complaints and client requests for reassignment of their case manager.

The Grantee(s) shall ensure the delivery of case management services free from discrimination on the basis of race, color, religion, national origin, language, culture, sex, gender identity, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, and source of income.

The Grantee(s) shall ensure the ability of appropriately trained and qualified staff, service partners, and providers to utilize the VI-SPDAT assessment tool, assess individuals that present for service and appropriately place and/or make referrals for service through comprehensive training, oversight and monitoring of completed assessment and referral decisions, and monitoring of service outcomes.
3.9 Records and Record Keeping
Grantee(s) shall keep accurate records of the program and the ongoing progress of the program activities. The Grantee(s) shall provide DHS/FSA such access to programs and financial records as may be necessary for monitoring purposes. The Grantee(s) shall provide DHS/FSA such access to programs and financial records as may be necessary for monitoring purposes.

Grantee(s) shall keep accurate and secure case records for assigned clients in HMIS, including, but not limited to:

- Eligibility/Referral documents;
- Intake information, including household demographic information;
- Authorization to Release Information (signed by client);
- Copy of Program Rules and Services (signed by client);
- Copy of Client’s Rights and Responsibilities (signed by client);
- Service Plan with specific objectives, goals, time frames, and identified responsibilities;
- Case notes that document how the goals identified in the Service Plan are addressed;
- Service Referrals to other agencies and/or resources (document follow-up, feedback, and recommendations by other agencies);
- Discharge, Transfer or Termination Summaries.

Grantee(s) are expected to keep records of overall activities, evaluations of supportive services, and files on all staff engaged in services provided under the prospective Grant Agreement. To ensure confidentiality and security, the Grantee(s) shall keep records in a locked file controlled by appropriate staff and available to the Grant Administrator upon request. The Grantee(s) shall retain records for at least three (3) years following the final close-out of the grant.

3.10 Evaluation
Grantee(s) shall describe the plan that will be used to evaluate the effectiveness of the Street Outreach program, in alignment with the scope and goals of the RFA, including the extent to which efforts are made to assure the continual improvement of quality as evidenced by completion of work plan activities and prompt receipt of deliverables.

DHS expects that the Grantee(s)’s performance will result in measurable, quality improvements in the target population, which will be reported in the quarterly program performance reports. The Grantee(s) will be expected to meet monthly with DHS to share information and review reports related to the status of grant activities. In addition, the Grantee(s) will be required to meet performance standards and acceptable quality level of services that will be detailed in the grant agreement and highlighted below.

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DHS shall be authorized to assess the Applicant’s performance with respect to accomplishing the purpose of the Grant Agreement. Specifically, the Applicant’s performance shall be assessed to determine the quality of the services delivered and the Applicant’s ability to deliver services according to the deadlines established in the Agreement.

DHS reserves the right to refine the service model and the Street Outreach Network framework during and after the base year to ensure effective coordination and seamless service integration.

At a minimum, Grantee(s) are expected to complete the following evaluation activities:

- Develop and share the criteria to be used to assess the results of the work developed
- Determine and share the data to be collected and analyzed, explaining how it will provide the basis of an evaluation that is appropriate, objective and quantifiable
- Develop and share the methodology that will be used to determine if the proposed Street Outreach program parameters are being met.

<table>
<thead>
<tr>
<th>Street Outreach Network</th>
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</thead>
<tbody>
<tr>
<td><strong>Outcome/Purpose</strong></td>
</tr>
<tr>
<td>Improved efficiency and coordination for Street Outreach providers</td>
</tr>
<tr>
<td>District-wide coordinated street outreach efforts</td>
</tr>
<tr>
<td>Outcome/Purpose</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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<tr>
<td>Comprehensive, timely and accurate map of street outreach needs in the District</td>
</tr>
<tr>
<td>Expanded/extended street outreach services after hours, during hypothermia season and emergency threats</td>
</tr>
<tr>
<td>Hypothermia Season and Emergency Threats Coverage Plan</td>
</tr>
<tr>
<td>Outcome/Purpose</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Centralized, coordinated street outreach referral process</td>
</tr>
</tbody>
</table>
| To ensure all Street Outreach staff are conducting intakes, screenings, and assessments (using the VI-SPDAT) and CAHP Systems | HMIS & CAHP data                | DHS will randomly and routinely select a sample of records and case notes for participants receiving case management services from Street Outreach Network Grantee(s). | % of clients with completed VI-SPDAT
% of clients who appear on the current By Name List, which is central to the CAHP process/system |
<p>| To ensure case management is provided to all participants who request or express willingness to engage in case management | Staffing Plan HMIS Data          | Grantee(s) will submit a staffing plan to DHS outlining the ratios (real and planned) between clients and case management staff. | The ratio of Case Managers (or staff who deliver case management services) to program participants receiving case management shall not exceed 1:30 at any given time. All case management activities/interactions are documented in HMIS. |</p>
<table>
<thead>
<tr>
<th>Outcome/Purpose</th>
<th>Deliverable/Instrument</th>
<th>Methodology</th>
<th>Performance Standard(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure case management is meaningful for all participants who request or express willingness to engage in case management</td>
<td>HMIS Data</td>
<td>DHS will randomly and routinely select a sample of records and case notes for participants receiving case management services from the Street Outreach Network Grantee(s).</td>
<td>Service Plans identify specific service needs, such as benefits, housing, employment, or health-related needs for the clients served. HMIS records reflect correspondence between referrals and the service needs and goals documented in the Service Plans.</td>
</tr>
<tr>
<td>To ensure case management is producing positive outcomes for all participants who request or express willingness to engage in case management</td>
<td>Quarterly Performance Report</td>
<td>Grantee(s) will submit a Quarterly Performance Report to DHS at least quarterly outlining services provided and the outcomes seen by those engaged in services.</td>
<td>At least 50% of participants have obtained a higher level of self-sufficiency since first case management engagement, as measured by any of the following: (1) Active participation in case management services; (2) Improved documentation of birth, residency, disability, or homelessness; (3) An increase in reported and legal income; (4) Participation in a supportive housing program (i.e. transitioned from being unsheltered to sheltered, transitional housing, Rapid Re-housing, Targeted Affordable Housing, or Permanent Supportive Housing; (5) Participation in a District Diversion/Rapid Exit program; (6) Exit from shelter into independent housing; (7) Active participation in support services aiming to increase the health, safety and quality of life for participants (substance use treatment, behavioral health services, harm reduction treatment, physical health care, etc.).</td>
</tr>
</tbody>
</table>
3.11 Grant Termination
The Grant, and the offer of the Grant, shall be subject to DHS’ termination:

A. At any time, in whole or in part, for the convenience of the Government should DHS determine that such termination is in the best interest of the public or the Government;

B. Immediately for:
   1) Lack of funding;
   2) Failure of the Grantee to follow District or applicable federal law, including statutes, rules and regulations;
   3) Failure of the Grantee to carry out DHS’ ordered grant remediation plan;
   4) An ethics violation involving the grant, pursuant to the ethical standards in the most recent version of the District Ethics Manual, published by the District’s Board of Ethics and Government Accountability (bega.dc.gov), as of the date that the GAN was sent;
   5) Cessation of insurance coverage without replacement of similar coverage; or
   6) Fraud, waste or abuse.

C. After the Grantee has acknowledged or otherwise signified receipt of the Grant, fourteen (14) calendar days after the Grantee receives from DHS written notice of termination due to:
   1) Force majeure, as defined and described below; or
   2) Cause, as defined and described below.

Termination for force majeure or cause
A. For force majeure DHS may terminate the grant and the Grantee may seek certain reimbursement, as described in this section.

B. For cause DHS may terminate the grant, but the Grantee may not receive the reimbursement allowed for termination on the basis of force majeure.

C. Cause and force majeure defined:
   1) Cause is a basis for DHS’ termination of the grant, when DHS determines that the Grantee has:
      a) Failed to achieve the intended outputs within the time frame that has been approved;
      b) Performed incompetently, recklessly, or unlawfully.

   2) Force majeure is an occurrence beyond the Grantee’s control that makes performance of the terms of the grant impossible or impractical.
2) *Force majeure* is a condition or occurrence which provides a valid excuse to failure to perform within the time frame of the grant, an unexpected and disruptive event which DHS determines could not have reasonably been anticipated or controlled, and includes:

a) Timely applying for a government permit or approval but not timely receiving same from the government agency;

b) A change in applicable law;

c) An unforeseen weather event;

d) Organized labor strike or slowdown; and

e) Refusal of a necessary third party to approve, agree, or participate, following the Grantee’s reasonable attempts to secure same.

D. The Grantee may not invoke *force majeure* as an excuse for poor planning, failure to accommodate foreseeable delays by suppliers, or the Grantee’s failure to manage its own resources.

E. For *force majeure*, the Grantee may seek reimbursement for otherwise-reimbursable expenditures incurred up to the date of termination, as well as reasonable costs incurred for demobilization.

DHS/FSA may exercise an option to renew the grant for up to four additional years if services are satisfactory, it is determined that it is in the best interests of the District of Columbia to extend the grant, and funds are available.

Should a Grantee intend to discontinue the provision of services prior to the conclusion of the grant period, the Grantee must notify the DHS/FSA in a written statement at least sixty days prior to the abatement of services.

3.12 Rights to Data

All data produced in the performance of this grant shall be the sole property of the District of Columbia. The Grantee shall not publish or reproduce such data in whole or in part or in any manner or form, or authorize others to do so, without written consent of the District until such time as the District may have released such data to the public.

3.13 Compliance with Tax Obligations

Prior to execution of a grant agreement an applicant must be in compliance with tax requirements in the District or other eligible jurisdiction and with federal tax laws and regulations. Non-profit organizations must register annually to meet tax exemption requirements and must provide a Certificate of Good Standing prior to execution of the grant agreement.

3.14 Award Process

DHS/FSA will make the funds available through a competitive process to identify organizations interested in offering and administering the Street Outreach Services Network. Applications that meet all eligibility and application requirements will be evaluated, scored, and rated by a DHS/FSA designated review panel.

The final decision to fund applicants rests solely with DHS/FSA. After reviewing the recommendations of the review panel and any other relevant information, DHS/FSA shall decide which applicant(s) to fund.
SECTION 4. APPLICATION FORMAT

4.1 Description of Application Sections
The purpose and content of each section is described below. Applicants should include all information needed to adequately describe their objectives and plans for services. **If applicants are applying for more than one geographic cluster, applicants must submit a separate narrative for each service area proposed (to include specific experience, staffing model, service model, and budget proposal).** It is important that applications reflect continuity among the goals and objectives, program design, work plan of activities, and that the budget demonstrates the level of effort required for the proposed services. Excluding attachments and appendices, the Application **must not exceed 30 pages.**

4.2 Applicant Profile
Each application must include an Applicant Profile, which identifies the applicant, type of organization, project service area and the amount of grant funds requested. *See Attachment A.*

4.3 Table of Contents
The Table of Contents should list major sections of the application with quick reference page indexing.

4.4 Applicant Summary (Maximum 3 pages)
This section of the application should be brief and serve as the cornerstone of the application. The application summary should highlight the major aspects of the objectives that are discussed in depth in other sections of the application.

4.5 Project Narrative (Maximum 12 pages)
This section of the application should contain the narrative that justifies and describes the project to be implemented. The project narrative should include the following:

- Specific, measurable program objectives for the service area of the application;
- Specific service(s) to be provided;
- Detailed work plan for activities;
- Proposed impact of the project due to the involvement of your organization;
- History with the specified community in general; and
- Experience with outreach activities in this community. If no experience, describe how past linkages to the community will prove beneficial in this undertaking.

**NOTE:** DHS has identified three (3) geographic clusters defined at Census Tract level detailed in **Appendix 2: Geographic Clusters** to further define the geographical areas where Street Outreach services need to be delivered. Each of the three (3) geographic clusters brings unique outreach needs and nuances that will shape the nature and scope of the proposed service delivery model.

Prospective Grantee(s) may submit an application for up to three geographic clusters. While Applicants must identify their preference to service one of the three geographic clusters, Applicants must state their preference for serving one of the three geographic clusters.
4.6 Program Budget and Budget Narrative
A standard budget form is provided in Attachment G. The budget for this application shall contain
detailed, itemized cost information that shows personnel and other direct costs. The detailed budget
narrative shall contain a justification for each category listed in the budget. The narrative should clearly
state how the applicant arrived at the budget figures.

**Personnel:** Show proposed salaries and wages for all project staff.

**Fringe Benefits:** Include in proposed benefits comparable to those paid to the other members of the
Applicant’s staff. Show fringe rate.

**Supplies:** List proposed supplies and educational materials.

**Other:** Show rental or leasing of space for the project. Rents proposed must be comparable
to prevailing rates in the surrounding geographic area. Include utilities and telephone
and maintenance services directly related to project activities. Include insurances, subscriptions and postage.

**Indirect:** Show calculation and indirect rate.

4.7 Certifications and Assurances
Applicants shall provide the information requested in Attachments B and C and return them with the
application. If an applicant is not incorporated, a representative from the incorporated, collaborating
organization must sign the Certifications and Assurances.

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

- Audited financial statement;
- Indication of organization status;
- Roster of the Board of Directors;
- Proposed organizational chart for the project;
- Organizational budget (as opposed to project budget);
- Letters of support or endorsements;
- Staff resumes (if applicable);
- Planned job descriptions (if applicable);
- Articles of Incorporation, if applicable;
- Bylaws, if applicable;
- IRS letter of non-profit corporation status, if applicable; or
- Form 990, Return of Organization Exempt from Income Tax, if applicable;
- Minimum of two (2) Memoranda of Understanding from key community partners documenting
  their specific support for proposed Project;
- Signed letter stating that the applicant will market the entity as a DHS/FSA Project and not the
  parent agency by using the approved logo, tagline, graphic design, and other identifiers approved
  by DHS/FSA for the Project;
- District of Columbia Business License;
- Certificate of Good Standing;
- Certificate of Occupancy; and
- Fire Inspection.
SECTION 5. REVIEW AND SCORING OF APPLICATIONS

5.1 Review Panel
This is a competitive grant. The review panel will be composed of qualified, professional individuals who have been selected for their unique experiences in human service, data analysis, evaluation, and social services planning and implementation. The review panel will review, score, and rank each applicant's proposal. Upon completion of its review, the panel shall make recommendations for awards based on the scoring process. DHS/FSA shall make the final funding determinations.

Review panels vary in size, but typically are made up of three to five people. At least two members of the review panel will be from DHS staff. Whenever feasible, each panel may include at least one person from outside of DHS.

5.2 Scoring Criteria
The reviewers score each proposal in accordance with the criteria and the points available as detailed below:

<table>
<thead>
<tr>
<th>Executive Summary (2 points)</th>
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<tbody>
<tr>
<td>□ Briefly describe the Applicant organization and its proposed methodology for implementing the Program. (2 points)</td>
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</tbody>
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<table>
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<tr>
<th>Information about the Organization (8 points)</th>
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</thead>
<tbody>
<tr>
<td>□ <strong>Mission and Vision:</strong> The Applicants shall provide information on the organization’s mission and vision statement, a description of its core programs, and explain the relevance of the organization’s prior experience to the requirements of the grant. (2 points)</td>
</tr>
<tr>
<td>□ <strong>Organizational Capability and Relevant Experience:</strong> The Applicants shall describe their organization’s past and current experience performing services similar in size and scope for the required services described in this RFA. The Applicant’s narrative shall address lessons learned and barriers overcome in previous experiences and the application of this to perform the required services. (2 points)</td>
</tr>
<tr>
<td>□ <strong>Staff Qualifications:</strong> The Applicant shall describe the qualifications of the team members, including the team leader or principal. (Provide resumes, certifications, and credentials for primary staff and project manager) (2 points)</td>
</tr>
<tr>
<td>□ <strong>Performance Orientation:</strong> The Applicant shall describe their organization’s commitment to measuring and achieving positive outcomes for participating clients. (2 points)</td>
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<thead>
<tr>
<th>Services, Scale, and Location (30 points)</th>
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<tbody>
<tr>
<td>□ <strong>Services:</strong> Applicant shall provide a narrative describing the approach to meeting the requirements outlined in the Scope of Work that demonstrates the Applicant’s ability to provide the required services and deliverables while delivering high-value services to clients. The Applicant should describe its approach to working with the District to meet the project goals. (15 points)</td>
</tr>
<tr>
<td>□ <strong>Scale:</strong> Applicant shall provide a narrative describing the Applicant’s intent and ability to serve the unsheltered population in their designated geographic cluster. (5 points)</td>
</tr>
<tr>
<td>□ <strong>Geographic Coverage:</strong> Applicant shall provide a narrative describing how they would service one or more geographic clusters described in the RFA. While Applicants must identify their preference to service one of the three geographic clusters, Applicants can elaborate on their experience and expertise in providing street outreach services in any of the three (3) geographic clusters. (10 points)</td>
</tr>
</tbody>
</table>
4.2 Service Delivery Model (40 points)

- Street Outreach Network: Applicants shall provide a narrative explaining how they plan to participate in the Street Outreach Network in a comprehensive and coordinated manner, provide consultation, support the development of District-wide street outreach protocols and leverage existing resources. (15 points)

- Case Management Services: Applicants are expected to provide a narrative on how they plan to map the scope of the outreach services needs in their assigned geographic cluster, and to ensure appropriate service coverage. Describe Applicant’s service model for delivering light-touch and intensive case management services. (15 points)

- Support Services Integration: Describe the Applicant’s ability to coordinate access to meaningful resources and services aiming to increase the health, safety, and quality of life for unsheltered individuals. (5 points)

- CoC Coordination: Describe the Applicant’s ability to deliver services by leveraging strategic partnerships with other providers and District agencies in the homeless services Continuum of Care. (5 points)

4.3 Detailed Planned Expenditures: Financial Management and Proposed Budget (20 points)

- Financial Management: Describe the financial management and internal accounting procedures that will be used to ensure proper financial management, including the fiscal controls designed for accountability to administer the Program. The Applicant must agree to maintain its financial records in accordance with generally accepted accounting principles (as defined by the American Institute of Certified Public Accountants). (8 points)

- Proposed Budget & Cost Effectiveness: Provide a cost effective proposed budget and narrative description of the use of grant funds to address the requirements of this grant. (12 points)

5.3 Decision on Awards

The recommendations of the review panel are advisory only and are not binding on the Department of Human Services. The final decision on awards rests solely with DHS/FSA. After reviewing the recommendations of the review panel and any other information considered relevant, DHS/FSA shall decide which applicants to award funds and the amounts to be funded.

SECTION 6. APPLICATION SUBMISSION

6.1 Submission Date and Time

In order to be considered for funding, applications must be received no later than 4:00 PM on September 4, 2019. All applications will be recorded upon receipt. Applications received after 4:00 PM on September 4, 2019 will not be considered for funding. Supplements, deletions or changes to the application will not be accepted after submission.

6.2 Number of Copies

The original and four (4) copies of the application must be submitted in a sealed envelope or package by the deadline date and time unless emailed. Two (2) copy of the Applicant Profile (Attachment A) must be affixed to the outside of each envelope or package. Applications will not be considered for funding if the applicant fails to submit the required number of copies. Faxed applications will not be accepted.
6.3 Location to Submit Application
Applications must be received electronically and/or physically at or before the deadline date and time at the following locations:

Contact Person: Jim Crawford  
jim.crawford@dc.gov

OR

The District of Columbia  
Department of Human Services  
Family Services Administration (FSA)  
64 New York Ave. NE, 6th Fl.  
Washington, DC 20002

6.4 Mail/Courier/Messenger Delivery
Applicants should allow at least one hour before the deadline time to clear security protocols. Applications mailed or delivered by messenger/courier services must be received by 4:00 PM on September 4, 2019. Applications arriving via messenger/courier services after the posted deadline of 4:00 PM on September 4, 2019 will not be considered for funding. Application packages must be delivered to the attention of Jim Crawford, DHS/FSA Grants Management Specialist. Receipt of applications must be by a DHS staff member and not left at the security desk or other location by the courier service.

LATE APPLICATIONS WILL NOT BE ACCEPTED

SECTION 7. LIST OF ATTACHMENTS

Attachment A Applicant Profile  
Attachment B Certifications  
Attachment C Assurances  
Attachment D Original Receipt  
Attachment E Work Plan  
Attachment F Staffing Plan  
Attachment G Budget (separate attachment)  
Attachment H Definitions  
Attachment I Collaboration Commitment Form  
Attachment J Confidentiality Statement
Attachment A – Applicant Profile

DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)

STREET OUTREACH SERVICES NETWORK
RFA #JA-FSA-SO-001-20

Applicant Name: ____________________________________________________________

Contact Person: ____________________________________________________________

Office Address: __________________________________________________________________

Ward(s): _____________________________________________________________________

Phone Number: __________________________________________________________________

Fax Number: ___________________________________________________________________

Federal ID Number: __________________________________________________________________

DUNS Number: ___________________________________________________________________

Program Descriptions:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Budget (Total funds requested): ___________________________________________________________________
Attachment B - Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer

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

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 C.F.R. Part 69, "New Restrictions on Lobbying" and "Government-wide Debarment and Suspension (Non-procurement) and 28 C.F.R. §83.670, “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 C.F.R. Part 69, for persons entering into a grant or cooperative agreement over $100,000, as defined at 28 C.F.R. Part 69, the applicant certifies that:

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

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "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. Debarment, Suspension, and Other Responsibility Matters

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 C.F.R. Part 83, for prospective participants in primary covered transactions, as defined at 28 C.F.R. §83.670, for prospective participants in primary covered transactions:

A. The applicant certifies that it and its principals:

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

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local with commission of any of the offenses enumerated in paragraph (1)(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

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

1. Drug-Free Workplace (Grantees Other Than Individuals)


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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) 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);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will

(1) Abide by the terms of the statement; and

(2) 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;

(e) 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: Office of Risk Management, 441 4th Street, NW, 800 South, Washington, DC 20001. Notice shall include the identification number(s) of each effected grant;

(f) 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—
(1) 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

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(3) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (1), (c), (d), (e), and (f).

B. The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

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

Drug-Free Workplace (Grantees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 C.F.R. Part 67, subpart F, for grantees as defined at 28 C.F.R. Part 83:

A. 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

B. 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:

DC Department of Human Services, Office of Grants Management, 64 New York Avenue, NE, Washington, DC 20002

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

1. Grantee Name and Address

2. Application Number and/or Project Name


4. Typed Name and Title of Authorized Representative

5. Signature

6. Date

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

Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant’s governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.

2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 as amended (Pub. L. No. 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 U.S.C. §§ 1501, et seq.).

4. It will comply with the minimum wage and maximum hours 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 ensure 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, as amended (Pub. L. No. 93-234; 87 Stat. 975). 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 U.S.C. § 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 U.S.C. § 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 C.F.R. 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 C.F.R. applicable to grants and cooperative agreements including Part 18. 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.

12. 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 IX of the Education Amendments of 1972; and the Age Discrimination Act of 1975.

13. 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.

14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.

15. It will comply with the provisions of the Coastal Barrier Resources Act (Pub. L. No. 97-348; 16 U.S.C. §§3501, et seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
Attachment D – Original Receipt

DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)

STREET OUTREACH SERVICES NETWORK
RFA #JA-FSA-SO-001-20

The Department of Human Services is in receipt of the original application and four (4) copies submitted in response to the Request for Applications for Street Outreach Services Network

Submitted by:

(Contact Name/ Please Print Clearly)

(Organization Name)

(Address, City, State, Zip Code)

Phone Number) (Fax Number)

For DHS Only:

Application and ________ copies
Received on this date: ____________________________
At (time): ____________________________
Received by: ____________________________

PROPOSALS WILL NOT BE ACCEPTED AFTER 4:00 PM
The proposed work plan must detail measurable project objectives by fiscal quarter and month for the life of the project. These objectives should further be defined by key activities, milestones, and project deadlines. An example work plan for one objective is included below. Grantee(s) may use their own format.

<table>
<thead>
<tr>
<th>Measurable Objectives</th>
<th>First Quarter</th>
<th>Second Quarter</th>
<th>Third Quarter</th>
<th>Fourth Quarter</th>
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<td>Milestones:</td>
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<td>Deadlines:</td>
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<td>Position Title</td>
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<td>Annual Salary</td>
<td>% of Effort</td>
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Director’s Signature

Date
Below is an example of a high-level budget. In submitting the budget with the application package, Grantee(s) must also break out all expenses into the services they support (e.g. meal program, case management, etc.).

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>GRANT FUNDS</th>
<th>MATCHING FUNDS</th>
<th>TOTAL</th>
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<tr>
<td>Personnel</td>
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<td>Fringe Benefits</td>
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<td>Travel</td>
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<td>Equipment</td>
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<td>Supplies</td>
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<td>Contractual</td>
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<td>Other (specify)</td>
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<tr>
<td>Subtotal Direct Costs</td>
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<tr>
<td>Indirect/Overhead</td>
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<tr>
<td>Total</td>
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</table>
Attachment H – Definitions

DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES
FAMILY SERVICES ADMINISTRATION (FSA)

STREET OUTREACH SERVICES NETWORK
RFA #JA-FSA-SO-001-20

Accessibility: The ability of a person (assisted or unassisted) to access products, services, devices, and environments, in order to derive the benefits of those products, services, devices, and environments for themselves, if eligible.

Acuity: The depth of need of the presenting program participant. When utilizing the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool), acuity indicates the presence of a presenting issue based upon evidence of housing instability or vulnerability. In using the VI-SPDAT, acuity is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

Adequate nighttime residence: A housing accommodation that is not likely to jeopardize the health, safety, or welfare of its occupants.

Administrative Review: A legal process to determine a resolution as a result of a fair hearing request.

Adult: Any individual who has reached the age of majority under District law as defined in section 46-101 of the D.C. Code; or qualifies as an emancipated minor under District Law.

Assertive Community Treatment (ACT): An evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. ACT helps a person outside the hospital or rehabilitation center through a multidisciplinary team approach with assertive outreach in the community that focuses on developing consistent, caring, person-centered relationships.

By Name List: A real-time, up-to-date list of all people experiencing homelessness that includes categories such as Veteran status, chronic status, active/inactive status, homeless/housed status, etc. By-Name Lists allow communities to know every person experiencing homelessness “by name” and facilitate efficient decisions around how best to refer individuals experiencing homelessness to housing resources.

Caseload: Can refer to the number of active program participants the Street Outreach program is servicing, and it can refer to the number of program participants a Case Manager could be handling at any one time. With the exception of extenuating circumstances, provider(s) must maintain a minimum 30:1 ratio of clients to Case Managers at all times (i.e. 30 Street Outreach clients for each Case Manager employed by the Street Outreach program). Program participants are likely to have a range of needs and acuity levels.
Case Management: A service that engages homeless individuals and families and provides assistance in: identifying barriers, needs and strengths; developing goals; identifying resources and support; and, connecting homeless individuals and/or families within the Continuum of Care to the needed resources, supports and supportive services to achieve identified goals. Case Management is:

a. a process of progressive engagement;
b. typically conducted on site;
c. conducted weekly;
d. conducted at a time agreed upon by the case manager and client.

Case Manager: A service professional that engages individuals and provides assistance in identifying barriers, needs and strengths; developing goals; identifying resources and support; and connecting individuals with the needed resources, housing and/or economic security supports and supportive services to achieve identified goals.

Central Coordinating Entity: The organization responsible for managing the Street Outreach hotline, hotline transportation services, as well as dispatching information on potential outreach needs in the community to the appropriate Street Outreach Grantee(s).

Chronically Homelessness: As defined in HUD’s Continuum of Care Program interim rule at 24 CFR 578.3, a chronically homeless person is:

An individual who: 1) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; 2) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and 3) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria for a chronically homeless individual, before entering that facility; or

A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless].

Client: An individual or family seeking, receiving, or eligible for publicly funded services within the Continuum of Care.

Community Based Behavioral Health Service Providers: Providers who are authorized by the District’s Department of Behavioral Health to deliver services that support individual recovery with qualified, culturally competent staff in a safe facility. Such providers must comply with local and federal rules and regulations, and only a certified provider is eligible to participate in the District’s public behavioral health system. Services include diagnostic assessment, medication, counseling and community support.

Continuum of Care (CoC): The comprehensive system of services for individuals and families who are homeless or at imminent risk of becoming homeless and designed to serve clients based on their individual level of need. The Continuum of Care may include crisis intervention, outreach and assessment services, shelter, transitional housing, permanent supportive housing, and supportive services.
Coordinated Assessment Housing Placement (CAHP) System / Coordinated Entry: Process that streamlines access to homeless assistance services (such as prevention, shelter, and transitional housing), screens applicants for eligibility for these and other programs in a consistent and well-coordinated approach, and assesses needs to determine which interventions are the best fit. In a system that offers coordinated entry, each homeless assistance service location uses the same assessment tool and makes decisions about referrals based on consistent criteria and a comprehensive understanding of each program’s requirements, target populations, and available openings and services.

Critical Time Intervention: Assistance with homeless persons with severe mental illness, debilitating conditions, and diminished social and economic opportunities in their transition from the streets, homeless shelters, hospitals, criminal justice system or other institutional settings.

Crisis Intervention: Under HSRA, this is assistance to prevent individuals and families from becoming homeless, which may include, but need not be limited to, cash assistance for security deposits, rent or mortgage payments, credit counseling, mediation with landlords, and supportive services.

Culturally Competent: The ability of a provider to deliver or ensure access to services in a manner that effectively responds to the languages, values, and practices present in the various cultures of its clients so the provider can respond to the individual needs of each client.

Day Program: Defined by the HSRA to mean a facility that provides open access to structured activities during set hours of the day to meet the supportive services needs of individuals and families who are homeless or at imminent risk of becoming homeless.

Day Services: Day Services includes a continuum of services delivered during Daytime Hours which are intended to meaningfully engage individuals experiencing homelessness. Such services include, but are not limited to: creating a positive, dignified, safe, and protective environment for each individual and his/her personal belongings; providing a coordinated entry into the homeless services continuum; connecting people to housing, employment, and other supportive services; providing healthy meals and reliable hygiene services; and, ensuring access to peer-led, professionally-supported, therapeutic programming.

DC Child and Family Services Agency (CFSA): CFSA is the public child welfare agency in the District of Columbia responsible for protecting child victims and those at risk of abuse and neglect and assisting their families to improve safety, permanence, and wellbeing and to strengthen families.

DC Department of Behavioral Health (DBH): DBH provides prevention, intervention and treatment services and supports for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services. DBH serves eligible adults, children and youth and their families through a network of community based providers and unique government delivered services.

DC Department of Health (DC Health): DC Health promotes health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation’s Capital. DC Health’s responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.

Department: The District of Columbia Department of Human Services or any successor organizational unit (in whole or in part).
**Engagement:** The act of identifying, locating and interacting with a client for the purposes of developing a relationship and providing case management or other supportive services. Engagement occurs when each of the following occurs:

- a person who is homeless is willing to interact with a Street Outreach or mental health worker;
- there are multiple contacts;
- there is continuity in the contacts of either a referral or connection to another provider or the homeless person has an awareness of the role of the Street Outreach or mental health worker; and
- there is a record of the contacts.

**Exit Plan:** An approach to formally assisting a program participant move from actively receiving supports to ceasing the involvement of a case manager in providing direct assistance with life and/or housing stability.

**Family:** A group of individuals with at least one minor or dependent child, regardless of blood relationship, age, or marriage, whose history and/or statements reasonably tend to demonstrate that they intend to remain together as a family unit; or a pregnant woman in her third trimester.

**Harm Reduction:** A set of strategies that reduce negative consequences of substance use and other risk behaviors and that incorporate a spectrum of strategies from safer use, to managed use, to abstinence. Examples of harm reduction programs include, but are not limited to, needle exchange programs, safer sex programs, and safer substance use programs. A strong harm reduction program focuses on specific interventions to reduce harm (e.g., Naloxone administration), but also provides supported linkage to services such as: job readiness, drug detox and treatment, mental health services, wound care services, PrEP education, linkages to the PrEP regimen, overdose prevention, STI screening and other social service needs of individuals experiencing homelessness.

**HEARTH Act:** The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed by President Obama on May 20, 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: a consolidation of HUD’s competitive grant programs, the creation of a Rural Housing Stability Assistance Program, a change in HUD’s definition of homelessness and chronic homelessness, a simplified match requirement, an increase in prevention resources, and an increase in emphasis on performance.

**Homeless:** According to the District’s Homeless Services Reform Act (HSRA), “homeless” is defined as:

A. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   - an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   - an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
   - an individual who is exiting an institution where he or she resided for 180 days or less and who resided in a shelter or place not meant for human habitation immediately before entering that institution;

B. An individual or family who will imminently lose their primary nighttime residence, if:
   - the primary nighttime residence will be lost within 14 days of the date of application for Continuum of Care services;
   - no subsequent residence has been identified; and
   - the individual or family lacks the resources or support networks, such as family, friends, and faith-based or other social networks, needed to obtain other permanent housing;
C. Unaccompanied youth who:
   a. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for Continuum of Care services;
   b. Have experienced persistent housing instability as measured by 2 moves or more during the 60-day period immediately preceding the date of applying for Continuum of Care services; and
   c. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence, in the household, of a child or youth with a disability; or 2 or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

D. Any individual or family who:
   a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
   b. Has no other residence; and
   c. Lacks the resources or support networks, such as family, friends, and faith-based or other social networks, to obtain other permanent housing.

Homeless Management Information System (HMIS): A software application designed to record and store client-level information on the characteristics and services needs of people experiencing homelessness. Each CoC maintains its own HMIS, which can be tailored to meet local needs, but also must conform to HUD HMIS Data and Technical Standards.

Homeless Person or Family: An individual or family who lacks a fixed, regular, and adequate nighttime residence or the financial ability to immediately acquire one, including any individual or family who is fleeing, or is attempting to flee, domestic violence, and who have no other residence and lack the resources or support networks to obtain safe housing; or has a primary nighttime residence that is:
   a. A supervised publicly or privately operated shelter or transitional housing facility designed to provide temporary living accommodations; or
   b. A public or private place not designed for, ordinarily used as, a regular sleeping accommodation for human beings.

Homeless Services Reform Act (HSRA): The Homeless Services Reform Act of 2005 (HSRA) became law in October 2005. Homeless service providers must deliver services to clients, and have procedures for resolving disputes between providers and clients seeking or participating in homeless services, as per the expectations of the Act.

Housing First: Under the HSRA, Housing First means a program that provides clients with immediate access to independent permanent housing and supportive services without prerequisites for sobriety or participation in psychiatric treatment. Clients in Housing First programs may choose the frequency and type of supportive services they receive and refusal of services will have no consequence for their access to housing or on continuation of their housing and supportive services.

All recipients of CoC Program-funded PSH shall follow a Housing First approach to the maximum extent practicable. To that end, a Housing First orientation is specified as one of the universal qualities that a
Coordinated assessment process should include. Coordinated assessment tools should not be used to determine “housing readiness” or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service.

**Housing Inventory Count (HIC):** Required by HUD, the HIC is a point-in-time inventory of all of the dedicated beds and units within a Continuum of Care’s homeless services system, categorized by type of project and population served.

**Housing Navigation:** Serves as a main point of contact for helping high priority individual get “document ready” for housing as quickly as possible. After the housing match is made, the housing navigator may provide additional supports necessary to finalize the housing placement. The housing navigator may provide referrals, offer coordination, or provide in-person support to clients for their mental health, physical health, entitlement enrollment, and other service needs.

**Housing the Homeless Database (HTH):** The current software application in Quickbase used by the Department of Human Services for homeless clients referred to the District’s homeless services programs.

**Hypothermia Shelter/Beds:** A public or private building that the District shall make available whenever the actual or forecasted temperature, including the wind chill factor, falls below 32 degrees Fahrenheit, in order to provide 24-hour shelter to families and 24 hour shelter to individuals (during aforementioned weather conditions only) who are homeless and cannot access other shelter. Specific beds may be designated as hypothermia beds at shelters, facilities and programs that are not categorized as hypothermia shelters. Hypothermia shelters/beds may be designated as seasonal (once opened initially they shall stay open every night for the season) or alert only (only open when hypothermia alerts are called). Hypothermia shelters/beds may be used (at the discretion of the District) outside of the season based on need.

**Individual:** Any man or woman who has reached the age of majority under District law as defined in section 46-101 of the D.C. Code; or qualifies as an emancipated minor under District Law.

**Individual Service Plan (ISP):** A written plan, developed and agreed upon by both the Service Provider and the client, consisting of time-specific goals and objectives designed to promote self-sufficiency and attainment of permanent housing; these goals and objectives are based on the client’s individually assessed needs, desires, strengths, resources, and limitations.

**Intake:** How participants are admitted into the Street Outreach program.

**Integrated Community Response Team (ICRT):** DBH’s approach to improve behavioral health outcomes in the District with a focus on proactive service offerings and tailored responses for individuals experiencing a behavioral health crisis. The ICRT is a multi-site 24/7 model of care consisting of a multidisciplinary team of licensed clinicians, community behavioral health specialists, and individuals with lived experience. The ICRT is designed to support communities by providing:

1) critical incident response, including deploying responders to any other situations requiring behavioral health supports;
2) targeted community outreach intended to improve the utilization of services and support the identified needs of communities;
3) supportive behavioral health services, including regular engagement with individuals showing signs of mental health and/or substance use disorder to connect them to treatment and other services and persuade them to seek a safe environment; and
4) community education, including participating in a wide array of community support requests, trainings, educational outreach efforts and community stakeholder meetings, to provide recommendations on behavioral health needs and engagement strategies to promote the wellness of District residents.
**Interagency Council on Homelessness (ICH):** The citywide council made up of District agency directors, representatives from the homeless provider community, homeless advocates and current/formerly homeless individuals. The council is chaired by the City Administrator and formulates policy for homeless services. It is mandated by the Homeless Services Reform Act pursuant to section 4.

**Legal Services:** Services provided by bar-admitted attorneys in the District of Columbia which advise and represent clients in eviction cases, administrative hearings, housing conditions suits, etc. In addition, legal services can provide advocacy on behalf of clients with respect to reasonable accommodations, discrimination, equal access, etc.

**LGBTQ:** A person who self-identifies as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or questioning their sexual orientation or gender identity and expression.

**Light-touch Medical Services:** Services that do not require an accredited medical facility, licensed medical professionals, or specialized equipment to administer. Such services include, but are not limited to: education (about health risks, the health care delivery system, disease transmission, testing opportunities, harm reduction interventions); the ability to administer assistive services (e.g. first aid, small-wound care, temperature, blood pressure); and the ability to do care navigation (e.g. medication management advice, health insurance application assistance, medical appointment assistance).

**Lived Experience:** The term lived experience is used to describe the first-hand accounts and impressions of living as a member of a minority or oppressed group. When formerly homeless individuals talk about what it's like to experience homelessness, they are describing their lived experiences.

**Low Barrier Shelter:** Defined by the HSRA, low barrier shelter is used for the purpose of sheltering and engaging individuals who avoid temporary shelter because of identification, time limit, or other program requirements. It refers to overnight housing accommodation for individuals who are homeless, provided directly by, or through contract with or grant from, the District, for the purpose of providing shelter to individuals without imposition of identification, time limits, or other program requirements. As of July 1, 2017, the District considers a certain number of beds in the following shelters to be “low barrier:”

- Adams Place Men’s Shelter, 2210 Adams Place NE (150 beds)
- New York Avenue Men’s Shelter, 1355 New York Avenue, NE, (360 beds)
- Harriet Tubman Women’s Shelter, 1900 Massachusetts Ave SE, (100 beds)
- 801 East Men’s Shelter, 2700 Martin Luther King Jr. Ave, SE (380 beds)
- Casa Ruby Youth Shelter, 2822 Georgia Ave NW, (14 beds)
- Nativity Shelter for Women, 6010 Georgia Ave., NW (25 beds)
- Pat Handy Shelter for Women, 810 5th St. NW (213 beds)
- CCNV, 425 2nd St, NW (100 beds)

**Minor child:** A child, including those by adoption, eighteen (18) years of age or younger.

**Naloxone (also known as Narcan):** This is a medication approved by the Food and Drug Administration (FDA) to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose. The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.

**Performance Measures:** A process that systematically evaluates whether your program’s efforts are making an impact on the clients you are serving.

**Permanent Housing:** Program/service that provides affordable housing (typically with a rental subsidy that is not time-limited) to homeless individuals and/or families.
Permanent Supportive Housing: Defined in the HSRA as supportive housing for an unrestricted period of time for individuals who were once homeless and continue to be at imminent risk of becoming homeless, including persons with disabilities as defined in 24 C.F.R. 582.5, for whom self-sufficient living may be unlikely and whose care can be supported through public funds. Likewise, under the CoC Interim Rules, HUD defines PSH as permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Personnel: The staff hired by the service provider to deliver case management and/or associated services in the Street Outreach program.

Prevention Services: Those services that assist persons in crisis while creating new resources and service methodologies that reduce the incidence of crisis and prevent an individual or family from becoming homeless. Services typically include financial assistance.

Point in Time (PIT) Count of People Experiencing Homelessness in the District of Columbia: The Community Partnership for the Prevention of Homelessness conducts the annual Point-in-Time (PIT) Count for the District of Columbia. The PIT Count provides a “snapshot” of the number and demographic characteristics of adults and children who were experiencing homelessness in the District on that day. TCP has conducted the count, a requirement for all jurisdictions receiving Federal homeless assistance funding, on behalf of the District of Columbia since 2001. This single-day enumeration of the homeless services continuum of care gives TCP and our partners in District Government an opportunity to identify gaps in the current portfolio of services and informs future program planning with special consideration to Homeward DC, the local strategic plan to end homelessness.

Pre-Exposure Prophylaxis (PrEP): Is the use of HIV-anti medication that keeps HIV negative clients from becoming infected. The pill, Truvada contains two medicines (tenofovir and emtricitabine) that are also used to treat HIV. If one is exposed to HIV through sexual contact or injection drug use, the medicine can work to keep the virus from establishing a permanent infection.

Program Rules: The set of provider rules, client rights, and complaint and appeal procedures, proposed by a particular provider for the purpose of governing the behavior and treatment of its clients and approved by the Mayor subject to § 4-754.32.

Progressive Engagement: An approach to service delivery that starts with an understanding of the strengths and resiliencies that each person has, and works to leverage those in promoting housing and life stability. Case management, therefore, starts with a “light-touch” and becomes more involved, intensive and frequent when a program participant demonstrates that without more assistance their tenancy would be in peril. Once the situation has been resolved or new skills have been learned, the intensity and frequency of case management services regresses back to a “light-touch”.

Rapid Re-Housing (RRH): A particular type of housing intervention, which includes time-limited case management assistance, with co-occurring financial assistance as needed. It is intended for an individual with moderate acuity, meaning they have a number of medium-level issues in their life or one or two more complex issues. After becoming connected with community supports and mainstream services, it is expected that the individual will stabilize in housing and no longer require case management or financial assistance through the homeless service provider.

Re-certification: Refers to the process of a client being assessed for additional services to include financial assistance (rental and utilities) and case management services for an additional three months.

Rental Assistance: Financial and programmatic supports that enable individuals to obtain and maintain affordable housing. Such assistance can include, but is not necessarily limited to, time-limited assistance with security deposits and/or a subsidized portion of monthly rental costs, in accordance with the District’s Rent Reasonableness standards.
Resident of the District: An individual or family who is living in the District of Columbia voluntarily, not for a temporary purpose, and has no current intention of moving from the District. The term “resident of the District” shall be interpreted and applied in accordance with section 4-205.03 of the D.C. Code.

Safe Environment: Defined as either: 1) a physical location that protects clients and staff from physical harm from abuse, assault, threat, exhaustion, or the elements; or 2) a psychological/emotional “space” where homeless persons are entitled to speak, to be respected, to tell their story, to ask for help, and to be heard.

Secure Environment: Defined as a physical location where multiple interdependent measures are taken to (a) prevent unauthorized access; (b) protect clients, personnel, and property from damage and/or harm; (c) trigger an appropriate incident response when unauthorized access or harmful behavior occurs.

Self-sufficiency: A functional and economic state based on the provision of services that result in less dependency on governmental support systems while at the same time, maintaining permanent housing and employment.

Service Plan: A written plan developed and agreed upon by both the Service Provider and the client, consisting of time-specific goals and objectives designed to promote stability, self-sufficiency and attainment of permanent housing; these goals and objectives are based on the client’s individually assessed needs, desires, strengths, resources, and limitations.

Severe Weather Conditions: Refers to outdoor weather conditions whenever the actual or forecasted temperature, including the wind chill factor or heat index, falls below 32 degrees Fahrenheit or rises above 95 degrees Fahrenheit.

Sexually Transmitted Infection (STI): An infection that is transferred from one person to another through genital, oral, and/or anal contact. Examples of STIs include: HIV, hepatitis C, hepatitis B, gonorrhea, chlamydia, and syphilis.

Shelter Diversion: Diversion services are used to prevent homelessness for people seeking to avoid entering into shelter by helping them identify immediate alternative housing arrangements and, if necessary, connect them with services or financial assistance to help them return to permanent housing.


SSI/SSDI Outreach, Access, and Recovery (SOAR): The SOAR program increases access to Social Security disability benefits for people with behavioral health issues experiencing or at risk of homelessness.

SOAR Methodology: A coordinated approach intended to increase access to SSI and SSDI benefits, shorten the SSI/SSDI benefit application timeline, and increase the approval rate of SSI/SSDI benefit applications. This methodology features the following components:

1) Experienced case managers trained to document disability and submit complete, high-quality applications using the SOAR methodology;
2) Collaborative relationships with the local Social Security Administration (SSA) field offices and Disability Determination Services (DDS) personnel;
3) Coordination with referral sources, and community partners to identify potential candidates through team meetings, outreaches, and referrals;
4) Assessments of individuals who have potential eligibility for SSI/SSDI and, if necessary, document rejection reason(s);
5) Case managers serving as the client’s appointed representative (i.e. standing in for the Applicant, responding to questions, receiving copies of all mail sent to the Applicant, and communicating
back and forth with SSA and DDS) for the purpose of applying for SSI/SSDI and complete SSI/SSDI applications on behalf of the client;
6) Case managers collecting medical records from providers who have treated the client;
7) Case managers writing a comprehensive SOAR Medical Summary Report (including psychosocial, treatment, and functional information that is co-signed, if possible, by a physician or psychologist who has seen the client);
8) Coordinating case management services, engaging with the client throughout the process, and link client to support services addressing service needs related to issues (e.g., physical/behavioral health, alcohol/drug use, domestic violence, sexual abuse, lack of income, lack of family support etc.);
9) Utilizing the SOAR Online Tracking Application to track and report application outcomes, including number of SOAR applications initiated and completed, number of approvals/denials, and time between SOAR application to decision by stage (initial application, reconsideration, Administrative Law Judge) etc.; and
10) Active participation in the District’s SOAR working group.

Street Outreach: Refers to the act of engaging individuals living on the street or in locations not fit for human habitation (“unsheltered individuals”) through the appropriate level of outreach (based on individual needs) to facilitate connections to housing systems, homeless services, public benefits, physical and behavioral health care, harm reduction interventions, and other mainstream resources to increase the health, safety, and quality of life of unsheltered individuals.

Sub-contractor: A subcontractor is a person who is hired by a general contractor (or prime contractor, or main contractor) to perform a specific task as part of the overall project and is normally paid for services provided to the project by the originating general contractor.

Supportive Housing: Transitional housing and permanent supportive housing.

Supportive Services: An array of social services aimed at enabling housing stability and the improved quality of life of an individual or family who is at risk of homelessness, experiencing homelessness, or is formerly homeless and requires ongoing assistance. These services may include: employment; physical health; mental health; alcohol and other substance abuse recovery; child care; transportation; case management; and, other health and social service needs which, if unmet, may be barriers to obtaining or maintaining permanent housing.

Suspension: Defined by the HSRA § 4-754.35, suspension of services can occur if a client fails or refuses to comply with the provider's Program Rules and the client responsibilities, or engages in any of the behaviors listed in § 4-754.36(2), the provider may suspend services to the client for an appropriate period of time in light of the severity of the act or acts leading to the suspension, but in no case for any period longer than 30 days.

Synthetic cannabinoids: A mixture of herbs, spices or shredded plant material, often referred to as “K2,” or “Spice,” that is typically sprayed with synthetic compounds known as cannabinoids that are chemically similar to THC, the psychoactive ingredient in marijuana. Because of this similarity, synthetic cannabinoids are sometimes misleadingly called “synthetic marijuana” (or “fake weed”), and they are often marketed as safe, legal alternatives to that drug. In fact, they are not safe and may affect the brain much more powerfully than marijuana; their actual effects can be unpredictable and, in some cases, more dangerous or even life-threatening. Because the chemical composition of many synthetic cannabinoid products is unknown and may change from batch to batch, these products are likely to contain substances that cause dramatically different and potentially life-threatening effects than the user might expect.
Target Population: Individuals residing on the street or in locations not fit for human habitation ("unsheltered individuals"). These individuals may be disconnected from services and resources, may be at high risk for health and safety concerns, may be chronically homeless, and may need additional help navigating the CoC. Street Outreach’s mobile nature is uniquely suited to connect them to housing systems and services, and provide support services needed to increase, health, safety, and quality of life of these individuals.

Targeted Affordable Housing (TAH): Units or subsidies that offer long-term affordability and are dedicated for use by the homeless services system. TAH is not intended to address affordable housing needs in the District more broadly, but is targeted to key populations of individuals and families being served by the homeless services system that do not need ongoing supportive services and that, but for long-term subsidies, could not exit homelessness or would return to homelessness.

Temporary shelter: Non-permanent shelter accommodation that falls into one of the following types:

a. A housing accommodation for individuals who are homeless that is open either twenty-four (24) hours or at least twelve (12) hours each day, other than a severe weather shelter or a low barrier shelter, provided directly by, or through contract with the District, for the purpose of providing shelter and supportive services; or
b. A twenty-four (24) hour apartment style housing accommodation for individuals or families who are homeless, other than a severe weather shelter, provided directly by, or through contract with or grant from, the District, for the purpose of providing shelter and supportive services; or

c. A housing accommodation for individuals who are homeless that is open either twenty-four (24) hours or at least twelve (12) hours each day, other than a severe weather shelter or a low barrier shelter, provided directly by, or through contract with or grant from the District, for the purpose of providing shelter and supportive services with a specific focus on a target population or service, a specific focus on issue/barrier for the homeless (e.g., mental health, disabilities, etc.), or both. These facilities programs are considered “specialty programs/shelters.” DHS, the Contractor and subcontractors shall partner with Federal and other District agencies (e.g., U.S. Department of Veterans Affairs, DC Department of Health, DC Department of Mental Health, DC Office on Aging, etc.) to connect clients in specialty shelters to mainstream services provided by these agencies. Additionally, as designated by DHS, the Contractor shall ensure that subcontractors at specialty shelters are certified to receive reimbursements for direct services provided to clients as applicable.

Termination: Defined by the HSRA § 4-754.36, a provider may terminate its delivery of services to a client when the provider documents that it has considered suspending the client in accordance with § 4-754.35 or has made a reasonable effort, in light of the severity of the act or acts leading to the termination, to transfer the client.

Transitional Housing: A twenty-four (24) hour housing accommodation provided directly by, or through a contract with the District, for individuals and families who are homeless; require a structured program of supportive services for up to two (2) years or as long as necessary in order to prepare for self-sufficient living in permanent housing; and consent to a Service Plan developed collaboratively with the Provider, which are designed to prepare individuals and Families for self-sufficient living and/or transitioning into permanent or permanent supportive housing.

Transportation: Defined as any mode of transportation used to assist the individual with housing and employment related services, such as Metro SmarTrip fare cards, mileage and/or rideshare.
Trauma Informed Care: Most individuals seeking public behavioral health services and many other public services, such as homeless and domestic violence services, have histories of physical and sexual abuse and other types of trauma-inducing experiences. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and re-traumatization can be avoided.

Vulnerability Index-Service Prioritization Decision Assistance Tool known as (VI-SPDAT) or (SPDAT): The Vulnerability Index is a tool for identifying and prioritizing the homeless population for housing according to the fragility of their health. The SPDAT is an evidence-informed approach to assessing an individual’s or family’s acuity. The VI-SPDAT tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person or family’s life where support is most likely necessary in order to avoid housing instability. Co-occurring social and medical factors are the primary factors that contribute to homelessness. The VI-SPDAT was created through the merger of the Vulnerability Index, as owned and made popular by Community Solutions, and the SPDAT Pre-screen Tool, which is part of the SPDAT tool suite owned and created by OrgCode Consulting, Inc.

Warm Handoff: A real-time and in-person referral meeting where an initial provider introduces their client to a new provider to facilitate the transition of primary case management. This method provides clients with the assurance that they, the initial provider, and new provider are all part of a team and that their wellbeing is the central focus of the team’s efforts. This reinforces positive expectations, good communication, and continuous care.

Welcoming Environment: A bright, positive, and person-centered atmosphere created by the staff through personalized greetings, respectful processes/procedures, furniture arrangements, room configurations, and decorations. All of these things add up to create either a welcoming environment for clients.

Youth: A person who is aged 24 years or younger.
Please include information on this form about the activities and/or services that will be provided by the collaborating organization. Complete one Collaboration Commitment Form for each collaborating organization. The application must demonstrate the level of effort for each partner, proposed services, and provide the budget costs of the collaboration in the applicant's application submission.

Collaborating Organization:
Name: __________________________________________
Address: _________________________________________
                                                    _________________________________________
Tel & Fax No.: _____________________________________
Describe Collaboration: (Use additional blank sheets if needed.)
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The signatures below indicate that these organizations have collaborated on the development of the application and agree to continue the partnership throughout the implementation of the project as described in this application submission.

Authorized Representative(s):
Name: ___________________________  Tel.: ___________________________
Signature: ________________________  Date: _________________________
Name: ___________________________  Tel.: ___________________________
Signature: ________________________  Date: _________________________
The District of Columbia (District), Department of Human Services (DHS), is accepting applications to create a daytime services program for unaccompanied individuals experiencing homelessness. D.C. Law 20-155 which amended the Homeless Services Reform Act of 2005, effective October 22, 2005 (D.C. Law 16-35, D.C. Official Code § 4-751.01 et seq.). For purposes of this Confidentiality and Nondisclosure Agreement, clients of DHS and participating providers or grantees who will create and/or expand daytime services for individuals experiencing homelessness are referred to as “Street Outreach Clients.”

I, _____________________________, am employed by: ____________________________

(Name of organization)

I understand that in the course of my duties pursuant to the District of Columbia Daytime Services for Individuals Experiencing Homelessness Grant, I may receive or have access to DC Homeless clients’ personally identifiable and confidential information (protected information). I further understand that such client protected information is highly sensitive, confidential, and/or otherwise protected from disclosure to the public. I understand that any divulgence of privileged, sensitive, and/or confidential information to unauthorized persons whether intentional or inadvertent may compromise the government and people of the District of Columbia.

Therefore, I agree that unless such actions are authorized by an Agreement and/or District or Federal law, I will not disclose, discuss, or divulge any client protected information that I have received or accessed pursuant to my duties and participation in the District of Columbia Daytime Services for Individuals Experiencing Homelessness Grant. I further agree that I will take all reasonable affirmative steps to protect DC Street Outreach Clients’ protected information in my possession from unauthorized use or disclosure.

I further agree to immediately notify the following District of Columbia Daytime Services for Individuals Experiencing Homelessness Grant Privacy Point of Contact if I become aware of any unauthorized use, access, or disclosure of DC Street Outreach Clients’ protected information: contact the DHS Office of Program Review, Monitoring and Investigation (OPRMI) by emailing a description of the incident and circumstances to OPRMI@dc.gov; calling the Unusual Incident Hotline at (202) 673-4464; or, Completing and submitting the online Unusual Incident Form.

I understand that the unauthorized use and disclosure of privileged, sensitive, and or confidential information would be a violation of applicable District and Federal laws including, but not limited to the District of Columbia Homeless Services Reform Act of 2005 (D.C. Official Code § 4-754.11(7) and § 4-754.21(12)); the District of Columbia Self-Sufficiency Promotion Act of 1998, effective April 20, 1999 (D.C. Law 12-241; D.C. Official Code §§ 4-209.04(b) and (c)); the District of Columbia Mental Health Information Act of 1978 (D.C. Official Code § 7-1201.01 et seq.); the Confidentiality and Disclosure of Records on Abused and Neglected Children Act of 1979 (D.C. Official Code § 4-1303.06(a)); and any and all applicable District and federal confidentiality laws.
By signing this document, I acknowledge that I have read and agree to abide by it. I also understand that any violation of this agreement may result in civil or criminal penalties, disciplinary action, which may include discharge if I am a District employee or termination of access rights if I am not employed by the District. Furthermore, I understand that I may be prosecuted if I knowingly and intentionally use DC Street Outreach clients’ protected information for fraudulent purposes.

__________________________________________  _______________________________________
Signature & Title                                      Date
Appendix 1: General Terms and Conditions

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

1. Funding for an award is contingent on continued funding from the DHS/FSA grantor or funding source.
2. The RFA does not commit DHS/FSA to make an award.
3. DHS/FSA reserves the right to accept or deny any or all applications, if DHS/FSA determines it is in the best interest of DHS/FSA to do so. DHS/FSA shall notify the applicant if it rejects that applicant’s proposal.
4. DHS/FSA may suspend or terminate any RFA pursuant to its own grant-making rule(s) or any applicable federal regulation or requirement.
5. DHS/FSA reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DHS/FSA shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant’s sole responsibility.
7. DHS/FSA 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. In addition, DHS/FSA may review the fiscal system and programmatic capabilities to ensure that the organization has adequate systems in place to implement the proposed program.
8. DHS/FSA may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant’s proposal that may result from negotiations.
9. DHS/FSA 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 2 CFR 200, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the Grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the Grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at www.opgs.dc.gov (Citywide Grants Manual and Sourcebook).
Appendix 2: Geographic Cluster Census Tracts

The Geographic Clusters outlined for the Street Outreach Services Network are defined at the Census tract level. This appendix identifies the Census tracts within each Geographic Cluster.

Geographic Cluster 1 Census Tracts:

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Appendix 3: SOAR Guidelines

At their discretion, Grantee(s) may propose incorporating an SSI/SSDI Outreach, Advocacy, and Recovery (SOAR) model into their Street Outreach Services Network program to utilize the SOAR methodology to work with clients, medical providers, and disability income benefit program staff to submit complete applications, provide necessary follow-up, and ensure ongoing communication to improve application outcomes and shorten the application process and timeframe.

Consideration of Payment. Payments are only made upon verification that either an application has been submitted or an application has been approved. The Grantee(s) will also define a not-to-exceed ceiling for the SOAR portion of their Street Outreach efforts. To receive payment, Grantee(s) must notify DHS/FSA when accepting each client for service. DHS/FSA shall pay Grantee(s) after DHS/FSA verifies client eligibility for payment and determines Grantee(s) achieved the outcomes identified in Section 2.3. Payment is further subject to the limitations and conditions listed below:

Consideration for all services performed and goods or materials supplied by Grantee(s) pursuant to this grant shall be paid by DHS/FSA as follows:

a) The transfer of funds for SOAR-related activities is subject to the same funding availability as the Street Outreach Services Network award.

b) For each client for whom Grantee’s services are solely responsible for the submission of an initial application with complete Medical Summary Report, DHS/FSA shall pay Grantee(s) five hundred dollars ($500).

c) The Grantee(s) will not seek payment for SOAR-specific activates from any other source at any point in time for clients for whom the Grantee(s) receives payment from DHS/FSA. If the Grantee(s) seeks payment from any other source at any point in time for clients for whom the Grantee(s) receives payment from DHS/FSA that will be considered a breach of contract and may result in contract termination and DHS/FSA’s recoupment of relevant fees and/or other legal remedies.

Payment Incentives for Street Outreach

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<td>Initial application approved with Medical Summary Report – Approved</td>
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