# DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

## HIV/AIDS, Hepatitis, STD and TB Administration

## Request for Applications

**HAHSTA_ SHPE_07.26.19 (RFA)**

# Sexual Health Peer Education Grant

## Submission Deadline: AUGUST 23, 2019 by 6:00 PM

DEPARTMENT OF HEALTH (DC Health)
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
NOTICE OF FUNDING AVAILABILITY (NOFA)
**Sexual Health Peer Education**
**HAHSTA_ TBD_(RFA)**

The District of Columbia, Department of Health (DC Health) is soliciting applications from qualified organizations to provide services in the program areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the Department of Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

**General Information:**

| | |
|---|---|
| Funding Opportunity Title: | **Sexual Health Peer Education** |
| Funding Opportunity Number: | FO-HAHSTA-PG-00008-001 |
| Program RFA ID#: | RFA# HAHSTA_SHPE_07.2.19 |
| Opportunity Category: | Competitive |
| DC Health Administrative Unit: | HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) |
| DC Health Program Bureau | STD and Tuberculosis Division |
| Program Contact: | Mariel Edge<br>Mariel.edge@dc.gov |
| Program Description: | DC Health is soliciting proposals from community based organizations that will recruit, train, and provide financial compensation and program support to sexual health peer educators ages 13-24 in the District. The purpose of this program is to expand the number of highly trained and Wrap MC certified peer educators in DC high schools and the community. The Project implementation is projected to begin October 1, 2019. |
| Eligible Applicants | Non-profit, public, private and faith-based organizations located in the District of Columbia who provide services to youth in the District of Columbia. |
| Anticipated # of Awards: | 1 |
| Anticipated Amount Available: | $214,000 |
| Floor Award Amount: | $214,000 |
| Ceiling Award Amount: | $214,000 |

**Funding Authorization**

| Legislative Authorization | NA |
|---|---|
| Associated CFDA# | NA |
| Associated Federal Award ID# | NA |
| Cost Sharing / Match Required? | No |
| RFA Release Date: | July 26, 2019 |
| Pre-Application Meeting(Date) | August 6, 2019 |
| Pre-Application Meeting (Time) | 11:00 AM |
| Pre-Application Meeting (Location/Conference Call Access) | 899 North Capital Street NE<br>4th Floor<br>Washington DC 20002 |
| Letter of Intent Due date: | NA |
| Application Deadline Date: | August 23 2019 |
| Application Deadline Time: | 6:00 PM |
| Links to Additional Information about this Funding Opportunity | DC Grants Clearinghouse<br>http://opgs.dc.gov/page/opgs-district-grants-clearinghouse.<br><br>DC Health EGMS  https://dcDC Health.force.com/GO__ApplicantLogin2 |

Notes:
1. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the NOFA or RFA, or to rescind the NOFA or RFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DC Health grant funding.
4. Applicants must have a DUNS #, Tax ID#, be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS)
5. Contact the program manager assigned to this funding opportunity for additional information.
6. DC Health is located in a secured building. Government issued identification must be presented for entrance.

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# District of Columbia Department of Health RFA Terms and Conditions

**The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DC Health) and to all awards, if funded under this RFA**:

A. Funding for a DC Health sub award is contingent on DC Health's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.

B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.

C. The RFA does not commit DC Health to make any award.

D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.

E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.

F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).

G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

H. DC Health 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.

I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.

J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

K.  DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DC Health electronic grants management systems, for which the awardee shall be required to register and maintain registration of the organization and all users.

L.  DC Health 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.

M.  DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.

N.  Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.

O.  DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC Health

P.   under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the  awardee.

Q.  If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: City-Wide Grants Manual.

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

# GENERAL INFORMATION

**Key Dates**

- Notice of Funding Announcement Date: **Friday, July 12, 2019**
- Request for Application Release Date: **Friday, July 26, 2019**
- Pre-Application Meeting: **Tuesday, August 6, 2019**
- Notice of Intent to Apply: **NA**
- Application Submission Deadline: **Friday, August 23, 2019**
- Anticipated Award Start Date: **Tuesday, October 1, 2019**

**Overview**

The mission of the Department of Health (DC Health) is to promote health, wellness and equity, across the District, and protects the safety of residents, visitors and those doing business in our nation's Capital. The agency is responsible for 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.

DC Health/HAHSTA mission is optimizing health, wellness, and lifelong success through innovation for people living with or at risk of HIV, hepatitis, STDs and TB. HAHSTA is the core District government agency to address HIV, STDs, tuberculosis, and hepatitis prevention, care, and treatment. HAHSTA has a strong collaboration with the Community Health Administration (CHA) in DC Health to plan, implement and evaluate programs focused on the sexual health of youth. This includes teen pregnancy, STI and HIV prevention programs.

**Source of Grant Funding**

Funding is made available through DC Local Funds.

**Award Information**

**Amount of Funding Available**
This RFA will make available $214,000 for one award with 4 option years based on availability of funds and awardee performance.

**Performance and Funding Period**
The anticipated performance period is from October 2019 – September 2024 and the budget period for this grant shall be from October 2019 – September 2024. There will be a one year budget and performance period. Subsequent to the first year, there may be additional option year. The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and the recipient performance.

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

- Non-profit organizations
- Public organizations
- Faith-based organizations

- Educational Institutions

Considered for funding shall be organizations meeting the above eligibility criteria and having documentation of providing services (health, education, and social services) for youth populations in the District of Columbia. DC Health is interested in programs that are community or school based and work with youth ages13-24 in DC Public and DC Public Charter Schools.  Applicants must be licensed in the District of Columbia.

**Non-Supplantation**

Recipients must supplement, and not supplant, funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award.

**Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **20 pages** when printed by DC Health. The page limit includes the following documents:

- Table of Contents
- Organization Knowledge and Capacity
- Project Narrative
- Attachments
    - Applicant Profile
    - Logic Model
    - Work Plan
    - Staffing Plan
    - Project Budget
    - Budget Justification

# BACKGROUND & PURPOSE

**Background**

In DC, youth represent 41% of new HIV diagnoses, higher than any proportion in the past 10 years. The number of cases of chlamydia increased by 19% and gonorrhea by 36% for young people ages 15-19 from 2016 to 2017 with a large portion of those diagnosed living in Wards 7 and 8. The CDC continues to rank the District of Columbia amongst the 10 states with a teen birth rate higher than the national rate. Access to sexual health information and resources are vital to decrease behaviors that increase the likelihood of unintended pregnancy and STIs, and knowledge of youth friendly resources increased the likelihood of engagement in positive sexual health decision making.  Peer educators are a vital tool in reaching youth with trusted and relatable information and resources to increase health promotion behaviors.

Peer education programs involve a cohort of youth facilitators who are taught technical content, teaching approaches, and presentation skills. Established peer-education initiatives include skits, testimonials, and situational role-playing to engage youth and break down barriers of the teacher to student learning dynamic.

Peer-led initiatives have proven successful in increasing both leader and participant sexual health knowledge. While programs have shown mixed impact on shaping participant sexual behavior, studies suggests improvement of intended condom usage. The greatest benefits of peer programs can be seen among the youth-educator cohort, who acquire and present "practical, actionable knowledge" to fellow students.

Comprehensive sexual health education not only addresses topics such as the transmission, prevention, and treatment of disease but also includes the broader context of sexuality and gender expression. Curricula should cover critical issues including relationship violence, consent, and bullying/harassment. Reports indicate that almost ninety percent of LGBT students have experienced harassment in school. Unsafe learning environments caused one third of LGBT students to skip at least one day of school due to fears over personal safety. Relationship violence affects over ten percent of teenagers, and likely more cases are unreported.

Sexual health peer educational programs have a long history in the District of Columbia with HAHSTA supporting the 200-300 peer educators annually. Youth peer educators work in public and public charter schools as well as community settings. They are responsible for distributing over 100,000 condoms annually, conducting over 30,000 1 on1 education sessions, and normalizing sexual health seeking behaviors through education and referrals. They serve as representatives on panels, advisory boards, and campaigns supported through DC Health and HAHSTA.

**Purpose**
Peer Educators, sponsored and trained through community based organizations have been a key component to HAHSTA's prevention programming for young people ages 13-24. These well trained young people have been an essential component to reach large numbers of youth through outreach and educational programs. HAHSTA would like to continue and enhance the opportunities for peer educators by providing ongoing training and stipends for peer educators in school and community settings. Through this funding, a community agency shall provide training, assessment, ongoing support, and stipends to youth ages 13-24 who shall serve as peer educators in the District. Peer educators should be diverse in age, gender identity and expression, race, ethnicity, educational status and location of home and school. Peer Educators should be DC residents and conduct their outreach activities primarily in the District. Cross collaboration with neighboring counties is permitted for special events.

Through this funding DC Health/HAHSTA will fund a youth serving agency with a history of providing sexual health education and services to youth in DC with the purpose of creating a cadre of highly trained youth peer educators who will serve as trusteed sources of information in their schools and communities. These youth will reach over 50,000 youth annually with information on sexual health including safe sex practices, STI, HIV and pregnancy prevention, information on gender and sexual orientation, consent and healthy relationship, youth/adult communication, and a laws and policies around sexual health that effect DC youth.

# PERFORMANCE REQUIREMENTS

<u>Target Population</u>
The population includes youth ages 13-24 that reside in the District of Columbia. At least 20% of peer educators should represent disconnected and/or youth not typically represented in peer education programs (i.e. teen parents, LGBTQIA+, system involved, disconnected (unenrolled in school and/ or un/under-employed) and youth in the program should be representative of the youth population in DC in terms of distribution of ward, schools, race, ethnicity and gender.

<u>Location of Activities</u>

Peer Education activities including recruitment, training and deployment of outreach and education activities should be conducted city-wide in the District of Columbia. Peer education training may take place in school or community settings.

<u>Scope of Service</u>

*Service Capacity*

To effectively deliver a sexual health peer-led program, applicants should have the capacity to develop participant knowledge in sexual health and skills in outreach and education. A successful peer educator will be health literate and understand basic disease etiology, transmission, and treatment. Peer educators understand where and how to access health services in their community. Educators can direct youth to health clinics, medical professionals, and provide information on accessing condoms.

*Recruitment and Training*

Applicants shall be responsible for the recruitment and training of youth to serve as sexual health peer educator's schools and communities in the District of Columbia.  Peer Educators will be ages 13-24 and reside in DC. Applicants shall:
- recruit youth that represent the diversity of youth in DC
- have the capacity to recruit, train and support 250 youth annually
- develop an application and selection process
- be able to meet the DC Sexual Health Peer Education(DCSHPE) Standards through evidence informed curricula/training materials
- have a history of working with youth around sexual health education or service delivery
- demonstrate an understanding of the principles of youth development

*Peer Educator Assessment*

Assessment of peer educators should be comprised of both a knowledge component and skills evaluation. Appraising student skills is crucial for assessing the peer educators' level of understanding of health-related concepts, their ability to demonstrate health skills, and their ability to apply conceptual learning skills in ways that improve their personal health. Funded

programs shall develop and implement a peer educator assessment plan and tool to asses peer educator knowledge and skills aligned the DCSHPE standards

*Quality Improvement*

Applicants that are awarded under this funding opportunity shall be required to participate in training, evaluation, and continuous quality improvement activities that are federally or locally led.

*Stipend Payment*

Applicants shall develop a process to track peer educator hours and activities and a schedule of payments.

<u>Implementation</u>

Applicant shall provide a detailed implementation plan upon Notice of Award that, at minimum, included the following:
- Training plan, including alignment to standards, training agenda, schedule
- Protocol for data collection, reporting and monitoring of peer educator training and peer educator outreach
- School, clinic and community based organization partnership plan
- Education and outreach plan
- Policies and Protocols for peer educator stipends

<u>Staffing</u>

All staff working with peer educators should meet the minimum requirements:
- Have a criminal background check on file
- Completion of mandated reporter training
- A knowledge of sexual health, principals of youth development, and training practices

<u>Program Monitoring and Reporting</u>

Applicants shall collect data on and report quarterly on the following:

- Total number of peer educators completing training
- Total of number of peer educators on active in outreach and education
- assessment of  knowledge and skills of peer educators
- the number of peer educators in DC public charter and public high schools by school
- per school condom distribution rates
- school based health center referrals made
- community referrals made
- increased youth traffic to HAHSTA youth social media channels and events

- 1 on 1 education encounters
- Outreach and education events
- Peer educator payments

The grantee shall support and collaborate with DC Health/HAHSTA sexual health programming including the Sex Is… campaign activities, Wrap MC activities, school based STD screening, and other appropriate programs or activities as identified.

# APPLICATION REQUIREMENTS

Applicants should include all information needed to describe adequately and succinctly the services they propose to provide. It is important that applications reflect continuity among the program design and activities, and that the budget supports the level of effort required for the proposed services.

1) **Table of Contents -** Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.

2) **Organization Knowledge and Capacity (1 page) –** This section should provide an overview of the organizations capacity to serve the populations specified, ability to meet the total number of peer educators, knowledge of youth, youth development and training principles, sexual health knowledge, and address the organizations and its staff's ability to conduct the activities required by demonstrating past performance or similar work.

3) **Project Narrative (5 pages) -** The purpose of this section is to provide a thorough description of the proposed projects and how they will engage youth. Applications rated most highly will include descriptions of programs that effectively reach diverse youth and have a sound technical basis, address known challenges and gaps in services, strive to build stronger results through innovation, and will contribute to the overall quality, scope and outcome of youth sexual health knowledge and access. The Program Description should also address how grantees will recruit, train, and asses a diverse group of peer educators. The description should also address how the program will conduct ongoing outreach and referral for youth ages 13-24 in DC both in and out of school time through peer education activities. The Program Description should also include the following elements:

- Description of recruitment methods
- Description of training methods and DCSHPE Standards alignment process
- Peer educator assessment process
- Peer educator retention and engagement
- Outreach activities and implementation
- Partnership plans

- Peer educator stipend payment process
- Description of program monitoring and data collection and analysis

### 4) Attachments

a. **Applicant Profile**– Applicant must complete the applicant profile

b. **Work Plan**- The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates and projected outcomes. The work plan should include process objectives and measures. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed).

c. **Logic Model** – a logic model is a one page diagram that represents the conceptual framework for a proposed project and explains the links among the program elements. The logic model should include:
- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.)
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key interventions, as applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or community).

d. **Staffing Plan-** who will work on this project, in what capacity and at what level of effort?

e. **Project Budget-** the project budget should align with the activities described in the narrative and work plan

f. **Budget Justification -** The application should include a budget justification the budget justification is a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification MUST be concise. Do NOT use the justification to expand the proposed project narrative.

**DC Health will recognize and accept the federally negotiated and approved indirect cost rates of an applicant, per OMB 2 CFR.414. If an applicant does not have a federally-negotiated rate, it may apply a maximum of ten percent (10%) of the amount budgeted for a direct service will be permitted for all administrative or indirect costs activities.**

5) **Assurances and Certifications -** Assurances and certifications are of two types: those required submitting the application and those required to sign grant agreements. DC Health requires all applicants to submit various statements of certification, licenses, other business documents and signed assurances to help ensure all potential awardees are operating with proper DC credentials. The complete compilation of the requested documents is referred to as the **Assurances Package**.

*Note: If selected for a Notice of Intent to Fund, the applicant organization will be required to submit the following additional documents pre-award:*

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by grant award
- Certification of current/active Articles of Incorporation from DCRA
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements
  Other specialized licenses, etc. required by federal and District laws to conduct business this RFA supports.

# EVALUATION CRITERIA

Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The six review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

**Criterion 1: Capacity (30 points)**

This section is to describe the extent to which the applicant is capable of fulfilling the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Also, consider the extent to which the applicant demonstrates:

- the qualifications of the project personnel (by training and/or experience) to implement and carry out the project;
- the experience of project personnel with youth peer education, training and sexual health;
- the experience of project personnel in delivering required services

- Does the applicant demonstrate proven ability to effectively engage and involve the focus populations, including implementation of culturally and age appropriate strategies?

## Criterion 2: Methods (35 points)

This section should consider a thorough work plan and monitoring plan that accurately describes:

- A clear plan to implement the activities associated with the peer educator' s recruitment, training and support
- A clear plan to implement activities associated with the larger community engagement and education
- Clear incorporation of the DCSHPE Standards and assessment of said standards
- A clear procedure to track peer education hours and activities
- A clear plan to provide stipends to peer educators
- A clear plan to engage partners for referral process

- Demonstrate that the proposed plan provides a foundation for sustainability efforts.
- Are outcome objectives SMART and do milestones representing a logical and realistic plan of action for timely and successful achievement of outcome objectives?

## Criterion 3: Evaluation (20 points)

The strength and effectiveness of the method proposed to monitor progress toward achieving project objectives. Evidence that appropriate ongoing monitoring is occurring to ensure progress toward meeting objectives.  The extent to which the application:

- includes a logic model that is clear, concise and demonstrates achievable inputs, activities, outputs, and outcomes of the project
- demonstrates the ability to successfully analyze data to assess program effectiveness
- describes how data will be collected and managed (e.g., assign skilled staff) to accurately report on Healthy Start approaches and benchmarks
- Describes the appropriate evaluation methods to monitor ongoing progress towards the goals and objectives of the project.

## Criterion 4: Project Budget and Justification (15 points)

Is the budget aligned with the project description and reflects an emphasis on the delivery of the services to youth.

## Funding Decisions

Based on the total scores from the written proposal, external and internal review of eligible applications, HAHSTA will prepare and submit a formal recommendation of prospective awardees, proposed funding levels and service categories to the DC Health Director for approval. The final funding recommendations will ensure that the overall portfolio of funded services meets the overall programming needs of the jurisdiction.

**Pre-Award Activities**

Successful applicants will receive a letter of Notice of Intent to Fund from HAHSTA. Grant approval and issuance activities will take place in EGMS. Successful applicants shall interact with HAHSTA staff to review draft sub grant provisions, prepare final Table(s) A: Scope of Work and Budget Format and Budget Narratives. Applicants that have received a letter of Notice of Intent to Fund will also be selected for a pre-award site visit.

**Organizations receiving Notification of Intent to Fund cannot begin activities until a Notice of Grant Award (NOGA) is issued and a Grant Agreement has been signed by the DC Health Director and accepted by the Grantee. The Applicant shall not announce publically receipt or award of funding from DC Health under this RFA until an actual DC Health NOGA is received.**

# REVIEW AND SCORING OF APPLICTION

**Pre-Screening** – All applications will be reviewed initially for completeness, formatting and eligibility requirements by DC Health personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified if their applications did not meet eligibility.

**External Review Panel** – The review panel will be composed of individuals from DC, suburban Maryland and northern Virginia. The panel will consist of neutral, qualified, professional individuals representing various local and state health departments, other state agencies such as the Department of Behavioral Health, as well as community partners from within the region. They have experience working youth and youth serving organizations.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in The RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

**Internal Review –** DC Health program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC Health will also conduct an excluded party's list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees,

funding levels and service/activities to the DC Health Director for signature. The DC Health Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

# APPLICATION PREPARATION AND SUBMISSION

**Only 1 application per organization will be accepted.**

**Application Format**

> a. Font size: 12-point Times New Roman
> b. Spacing: Double-spaced
> c. Paper size: 8.5 by 11 inches
> d. Page margin size: 1 inch
> e. Numbering: Sequentially from page 1 to the end of the application, including all charts, figures, tables, and attachments.

**Application Elements**

Each application is required to contain the following components. Certain application items will be entered directly into EGMS, while others will be uploaded into EGMS as attachments, e.g. program description. Applications must conform to the page requirements by section detailed below.

| | |
|---|---|
| 1.  Table of Contents | 1 page maximum |
| 2.  Organization Knowledge and Capacity | 1 page maximum |
| 3.  Project Narrative | 5 pages maximum |
| 4.  Applicant Profile | **Appendix A** |
| 5.  Work Plan | **Appendix C** |
| 6.  Logic Model | **Appendix B** |
| 7.  Staffing Plan | 2 page maximum |
| 8.  Project Budget | **Appendix D** |
| 9.  Budget Justification | 2 page maximum |
| 10. Assurances and Certifications  (Federal, District and DOH Statements of Assurances and Certifications | **Appendix E**<br><br>Reviewed and Accepted via EGMS.<br><br>Also, scan an upload **one copy SIGNED** by the Agency Head or authorized official. |

| 11. Mandatory Disclosures | Reviewed, Completed and Submitted via EGMS |
|---|---|
| 12. DOH Standard Grant Terms and Conditions | Reviewed and Accepted via EGMS |
| 13. Mandatory Certification/business Documents<br><br>    a.  A current business license, registration, or certificate to transact business in the relevant jurisdiction.<br><br>    b.  501(c)(3) certification (for non-profit organizations)<br><br>    c.  City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean hands)<br><br>    d.  Official list of Board of Directors on letterhead and signed by the authorized executive of the applicant organization | Scan and upload **ONE PDF** |

The number of pages designated above represents the **maximum number of pages permitted per section.** Applications exceeding the maximum number of pages for each section *will not* be **forwarded for review.**

## UPLOADING THE APPLICATION

All applications submitted EGMS as 3 separate attachments. Documents included in each is below. All of these must be aligned with what has been requested in other sections of the RFA.

**Attachment A** – **Mandatory Certification** *Documents -* 501 (c) (3) certification, current City Wide Clean Hands Report, Certificate of Good Standing (DCRA), Official signed list of the board of directors on letterhead, current business license

**Attachment B** – *Application -* Table of Contents, Organization Knowledge and Capacity, project narrative

**Attachment C** – *Appendices A-E* Applicant Profile, Logic Model, Work Plan, Staffing Plan, Project Budget, Budget Justification, upload a signed copy of the Assurances, Certifications and Disclosures

In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative. If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently,

Secondary Account Users **do not** have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

IMPORTANT: When the Primary Account User is submitting an application, ensure that there are no other transactions on another device being attempted in EGMS under that Primary Account User's credentials.  For security purposes, the system will only acknowledge one transaction and one of the transaction attempts may fail, if done simultaneously.

**Register in EGMS**

DOH recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DC Health Office of Grants Management in time for submission.   To register, complete the following:

**IMPORTANT: WEB BROWSER REQUIREMENTS**

1.  **Check web browser requirements for EGMS -**  The DC Health EGMS Portal is supported by the following browser versions:

- Microsoft ® Internet Explorer ® Version 11
- Apple ® Safari ® version 8.x on Mac OS X
- Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
- Google Chrome ™ version 30 & above (Most recent and stable version recommended)

2.  **Access EGMS**:  The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO__ApplicantLogin2.  Click the button REGISTER and following the instructions.  You can also refer to the EGMS External User Guide.

3.  Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications).  Aa Secondary User may also be added by requesting an account.  The account must be approved by the Primary Account User.

4.   Your EGMS registration will require your legal organization name, your **DUNS # and Tax ID#** in order to complete the registration.  Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile.  Please ensure that you have an active SAM registration (www.sam.gov).

5.   When your Primary Account User request is submitted in EGMS, the DC Health Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov  the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER**

**AGENCY NAME**. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used.  Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.6.   Once you register, your Primary Account User will get an auto-notice to upload a "DUNS Certification" – this will provide documentation of your organization's DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

**EGMS User Registration Assistance:** Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: LaWanda Pelzer (202) 442-8983 and Clara McLaughlin (202) 442-9237. Here are the most common registration issues:

- Validation of the authorized primary account user
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

# PRE APPLICATION MEETING

Thank you for your interest in applying for the Innovative Youth Sexual Health Peer Education grant. The DC Health HAHSTA team wants to help you make this application process easy to understand and complete.

As an applicant for DC public funds, there is documentation you need to provide that is a requirement of DC law and regulation. This package will provide you with some of the paperwork for you to complete and sign. You may already have other document available.  For those simply copy and attach them to your application.

**Pre-Application Conference**

There will be a pre-application conference held on **Tuesday, August 6 from 11:00am- 12:00pm**.

**Notice of Intent to Apply**
A notice of intent to apply (NOI) *is not required* for consideration under this funding announcement.

# GRANT TERMS AND CONDITIONS

All grants awarded under this program shall be subject to the DC Health Standard Terms and Condition for all DC Health – issued grants. The Terms and Conditions are located in the attachments and in the Enterprise Grants Management System, where links to the terms and a sign and accept provision is imbedded.

# ADDITIONAL PROGRAM AND ADMINISTRATIVE TERMS

**Continuation of Funding and Reporting**

Continuation funding for option year(s) is dependent upon the availability of funds for the stated purposes, fiscal and program performance, and willingness to incorporate new directives, policies, or technical advancements that arise from the community coalition, evolution of best practices or other locally relevant evidence.

Grantees **must** submit quarterly progress and outcome reports using the tools provided by HAHSTA and following the procedures determined by HAHSTA.

**Data Collection, Reporting, & Monitoring**

Successful applicants shall be required to participate in quarterly reports and semi- annual site visits from HAHSTA. In addition to the core program and outcome indicators specified by HAHSTA, awardees will be encouraged to develop site-specific program monitoring and evaluation measures where appropriate to address any unique aspects of their program implementation strategy.

Data collection tools for the monitoring and evaluation of activities have been developed for this project. Awardees are expected to be responsive to ongoing direction and feedback from HAHSTA concerning data collection and reporting requirements.

Routine data collection and reporting are essential to the effective monitoring and evaluation of program activities. As such, awardees should ensure that adequate resources (e.g., data entry staff, computers) are included in their budget to support outlined data collection and reporting requirements. Data submissions will be monitored by HAHSTA for timeliness, completeness, and accuracy. Failure to comply with data reporting requirements and/or data quality standards can result in the delaying of reimbursement payments and or termination of an agency's grant with the District of Columbia government.

**Drug-Free Workplace**

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (inside Appendix E).

**Confidentiality**

The applicant must demonstrate that they will protect the identity of those individuals receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.

**All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with HIPAA.**
**Quality Improvement**

The organization shall agree to participate in Quality Improvement activities and record review processes established by the Grantee, the District of Columbia Department of Health.

**Compliance with the Americans with Disabilities Act**

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible persons with mobility limitations.

**Availability of Funds**

The funds listed in this RFA are projections and subject to change.

**Information Systems**

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via data collection tools provided by or approved by HAHSTA.

**Technical Assistance**

HAHSTA shall offer technical assistance for issues related to this RFA.

**Contact:**

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HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
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