REQUEST FOR APPLICATIONS
Million Hearts Quality Improvement
RFA# CHA_MHQI09.13.19

Submission Deadline:
October 18th, 2019 at 6:00pm

The Department of Health (DC Health) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DC Health reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DC Health, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DC Health terms of agreement.
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The District of Columbia, Department of Health (DC Health) is soliciting applications from qualified applicants for services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the DC 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:**

<table>
<thead>
<tr>
<th>Funding Opportunity Title</th>
<th>Million Hearts Quality Improvement Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Opportunity #</td>
<td>FO-CHA-PG-00004-028</td>
</tr>
<tr>
<td>Program RFA ID#</td>
<td>CHA_MHQI09.13.19</td>
</tr>
<tr>
<td>Opportunity Category</td>
<td>Competitive</td>
</tr>
<tr>
<td>DC Health Administrative Unit</td>
<td>Community Health Administration</td>
</tr>
<tr>
<td>DC Health Program Bureau</td>
<td>Cancer and Chronic Disease Prevention Bureau</td>
</tr>
<tr>
<td>Program Contact</td>
<td>Riana Buford at 202-442-5910 or <a href="mailto:Riana.Buford@dc.gov">Riana.Buford@dc.gov</a></td>
</tr>
</tbody>
</table>

**Program Description**

Funding under this RFA will support the implementation of data-driven clinical quality improvement (CQI) interventions among health systems aiming to improve diabetes, hypertension, and blood cholesterol control among patients diagnosed with these conditions through a Plan-Do-Study-Act (PDSA) cycle approach and to conduct population-level clinical quality data monitoring. A continuous quality improvement (CQI) framework shall serve as the foundation of the project. The target populations are adults, including women of childbearing age at high risk for development of heart disease, diabetes, high blood pressure, and/or high cholesterol; low-income residents; African American residents; and residents of Wards 5, 7 and 8.

**Eligible Applicants**

Eligible to apply are not-for-profit, public, and private primary care clinics, FQHCs, and health systems located and licensed to conduct business within the District of Columbia; and experienced in providing services to adults 18 years old and above.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Anticipated # of Awards</strong></td>
<td>Up to six (6)</td>
</tr>
<tr>
<td><strong>Anticipated Amount Available</strong></td>
<td>$250,000</td>
</tr>
<tr>
<td><strong>Floor Award Amount</strong></td>
<td>$25,000</td>
</tr>
<tr>
<td><strong>Ceiling Award Amount</strong></td>
<td>$45,000</td>
</tr>
</tbody>
</table>

**Funding Authorization:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legislative Authorization</strong></td>
<td>301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)] as amended</td>
</tr>
<tr>
<td><strong>Associated CFDA#</strong></td>
<td>93.426 Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke</td>
</tr>
<tr>
<td><strong>Associated Federal Award ID#</strong></td>
<td>5 NU58DP006555-02-00</td>
</tr>
<tr>
<td><strong>Cost Sharing / Match</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>RFA Release Date:</strong></td>
<td><strong>September 13, 2019</strong></td>
</tr>
<tr>
<td><strong>Pre-Application Meeting</strong></td>
<td><strong>September 25, 2019 2:00pm-4:00pm</strong></td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>899 N. Capitol St. NE; Room332</td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20002</td>
</tr>
<tr>
<td><strong>Conference Call Access</strong></td>
<td>To register for conference call access, go to:</td>
</tr>
<tr>
<td></td>
<td><a href="https://dcnet.webex.com/dcnet/k2/j.php?MTID=t08cc2d4abfb951051c87598355fc279d">https://dcnet.webex.com/dcnet/k2/j.php?MTID=t08cc2d4abfb951051c87598355fc279d</a></td>
</tr>
<tr>
<td><strong>Letter of Intent Due date</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Application Deadline Date</strong></td>
<td><strong>October 18, 2019</strong></td>
</tr>
<tr>
<td><strong>Application Deadline Time</strong></td>
<td>6:00 pm</td>
</tr>
</tbody>
</table>
| **Links to Additional Information about this Funding Opportunity** | DC Grants Clearinghouse [http://opgs.dc.gov/page/opgs-district-grants-clearinghouse](http://opgs.dc.gov/page/opgs-district-grants-clearinghouse)  
DC Health EGMS [https://dcdoh.force.com/GOApplicantLogin2](https://dcdoh.force.com/GOApplicantLogin2) |

**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.
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 will 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 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.

P. 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 doh.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.
CHECKLIST FOR APPLICATIONS

- Applicants must be registered in the federal Systems for Award Management (SAM) and the DC Health Enterprise Grants Management System (EGMS).

- Complete your EGMS registration **two weeks** prior to the application deadline.

- Start constructing and uploading your application components into EGMS at least a week prior to the application deadline.

- The complete **Application Package** should include the following:
  - Table of Contents
  - Application Proposal
    - Project Abstract (No Template Provided)
    - Project Narrative (10-page limit)
    - Work Plan (Attachment 1)
    - Budget Worksheet and Budget Justification (Attachment 2)
    - Staffing Plan & Organizational Chart (No Template Provided)
  - Assurances, Certifications and Certification Documents (Appendix A)
  - Business Documents

- Documents requiring signature have been signed by an agency head or **AUTHORIZED** Representative of the applicant organization.

- The Applicant needs a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.

- The Project Narrative is written on 8½ by 11-inch paper, **1.0 spaced, Arial or Times New Roman font using 12-point type (11–point font for tables and figures)** with a minimum of one inch margins. The total size of all uploaded files must conform to the page-length guidelines outlined in the RFA. **Applications that do not conform to these requirements will not be forwarded to the review panel.**

- The application proposal format conforms to the “Application Elements” listed in the RFA.

- The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.

- The proposed work plan, logic model, and other attachments are complete and comply with the forms and format provided in the RFA.

- Submit your application via EGMS by **6:00 pm** on the deadline of **October 18, 2019.**
GENERAL INFORMATION

Key Dates

- Request for Application Release Date: Friday, September 13, 2019
- Pre Application Meeting Date: Wednesday, September 25, 2019
- Application Submission Deadline: Friday, October 18, 2019
- Anticipated Award Start Date: Monday, December 1, 2019

Overview

Funding under this RFA will support the implementation of Million Hearts Quality Improvement (QI) interventions. The District of Columbia Department of Health (DC Health) leads the DC Million Hearts Program to fight heart disease, stroke, hypertension, and stroke among individuals in the District of Columbia. DC Health will support clinical quality improvement (CQI) interventions among health systems to improve the prevention and management of heart disease, diabetes, hypertension, and high blood cholesterol. Interventions will use a Plan-Do-Study-Act (PDSA) cycle approach and conduct population-level clinical quality data monitoring. Grantees will also participate in DC Health’s DC Million Hearts Learning Collaborative (MHLC) comprised of a diverse group of partners including national and regional organizations, community organizations and programs, local health care systems, and academic organizations. The MHLC is a communal learning experience where we discuss and share evidence-based QI tools and promising practices to guide system-level QI interventions, including clinical-community linkages and team-based care activities. Project activities can include designing and implementing CQI activities within a health system to support chronic disease care (specifically related to heart disease, diabetes, hypertension and cholesterol) and establishing protocols/policy changes within a health system’s workflow and structure to support and encourage sustainable intervention implementation among all involved staff. Projects should focus on District adults aged 18 and older who are at risk for and/or diagnosed with diabetes, hypertension or high blood cholesterol and populations: women of childbearing age, low-income residents, African American residents, and residents in Ward 7 and 8.

The Community Health Administration (CHA) within DC Health promotes healthy behaviors and healthy environments to improve health outcomes and reduce disparities in the leading causes of mortality and morbidity in the District. CHA’s approach targets the behavioral, clinical, and social determinants of health through evidence-based programs, policy, and systems change with an emphasis on vulnerable and underserved populations. The goal of this RFA is to support QI to achieve improved hypertension, cholesterol and diabetes control among residents seen at health care facilities located in the District of Columbia providing primary care services to adults 18 years old and above.

Source of Grant Funding

Funding is made available under: “Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke” Cooperative Agreement.
Award Information

Amount of Funding Available
This RFA will make available $250,000 for up to six awards per year.

Performance and Funding Period
The anticipated project period is December 1, 2019 – June 29, 2023. The projected first budget period is December 1, 2019 – June 29, 2020. The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and the recipient performance. The anticipated projected project is four years.

Eligible Organizations/Entities
Eligible entities who can apply for grant funds under this RFA are health care facilities located in the District of Columbia providing primary care services to adults 18 years old and above. Priority will be given to healthcare facilities with demonstrated experience implementing continuous quality improvement (CQI) initiatives and those serving high proportions of the target population, including women of childbearing age, residents aged 45-64 years old, low-income residents, African American residents, and residents of Wards 7 and 8.

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 Project Narrative should not exceed 10 pages. The total size of uploaded files that will be counted in the application proposal page limit may not exceed the equivalent of 20 pages when printed by DC Health. The application proposal includes the following documents:

- Table of Contents (not included in 20-page limit)
- Project Abstract (No Template Provided)
- Project Narrative (10 Page Limit)
- Work Plan (Attachment 1)
- Budget Worksheet & Budget Justification (Attachment 2)
- Staffing Plan & Organizational Chart (No Template Provided)

BACKGROUND & PURPOSE

Background
The District of Columbia (DC or the District) is an ethnically-diverse and compact geographic area measuring 61 square miles and comprised of a population of 672,931 (as reported in 2017). This represents a 17.6% population increase since 2000 (572,059)\(^1\). The District of Columbia is

divided into eight geographical wards, with the smallest population in Ward 2 (approximately 77,940 residents) and the largest population in Ward 6 (approximately 91,093 residents)\(^2\). The median age for residents is 37.7 years old. Wards 1 and 2 have the largest proportion of adults ages 18 through 64 (87.20% and 94.10%). Wards 7 and 8 have the largest proportion of youth aged 0-18 (23.60% and 30.30%). And lastly, the wards with the largest proportions of adults over age 65 are Wards 3 and 4 (16.4% and 15.0%).

**District of Columbia State Data Center 2013-2017 ACS Key Demographics Indicators**

<table>
<thead>
<tr>
<th>Wards</th>
<th>Total Population</th>
<th>Youth aged 0-18</th>
<th>Adults aged 18-64</th>
<th>Older adults 65 and older</th>
<th>Black/African-American</th>
<th>Median Household Income</th>
<th>Educational Attainment (Bachelor’s Degree or Higher) among Population 25 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Total</td>
<td>672,931</td>
<td>17.60%</td>
<td>70.50%</td>
<td>11.90%</td>
<td>47.71%</td>
<td>77,649</td>
<td>56.60%</td>
</tr>
<tr>
<td>Ward 1</td>
<td>83,598</td>
<td>12.80%</td>
<td>79.00%</td>
<td>8.20%</td>
<td>28.55%</td>
<td>93,284</td>
<td>68.40%</td>
</tr>
<tr>
<td>Ward 2</td>
<td>77,940</td>
<td>5.90%</td>
<td>84.70%</td>
<td>9.40%</td>
<td>9.08%</td>
<td>104,504</td>
<td>84.60%</td>
</tr>
<tr>
<td>Ward 3</td>
<td>84,021</td>
<td>16.00%</td>
<td>67.60%</td>
<td>16.40%</td>
<td>6.76%</td>
<td>122,680</td>
<td>87.10%</td>
</tr>
<tr>
<td>Ward 4</td>
<td>84,643</td>
<td>20.30%</td>
<td>64.70%</td>
<td>15.00%</td>
<td>54.28%</td>
<td>82,625</td>
<td>49.40%</td>
</tr>
<tr>
<td>Ward 5</td>
<td>86,136</td>
<td>17.00%</td>
<td>68.90%</td>
<td>14.10%</td>
<td>66.44%</td>
<td>63,552</td>
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<tr>
<td>Ward 6</td>
<td>91,093</td>
<td>14.10%</td>
<td>75.60%</td>
<td>10.30%</td>
<td>32.51%</td>
<td>102,214</td>
<td>72.90%</td>
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<tr>
<td>Ward 7</td>
<td>79,800</td>
<td>23.60%</td>
<td>63.40%</td>
<td>13.00%</td>
<td>93.09%</td>
<td>40,021</td>
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</tr>
<tr>
<td>Ward 8</td>
<td>85,160</td>
<td>30.30%</td>
<td>61.30%</td>
<td>8.40%</td>
<td>90.84%</td>
<td>31,954</td>
<td>15.70%</td>
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</table>

Overall, the District’s racial distribution is 47.71% African-American, 35.95% White, and 3.8% Asian. Hispanic residents of any race make up more than 10% of the population. Wards 7 and 8 have the highest percentages of African American residents, 93.09% and 90.84% respectively\(^2\).

While the median household income in the District is $77,649, Wards 7 and 8 have median income levels at $40,021 and $31,954, respectively, demonstrating the economic disparities that exist in the region. In addition, educational attainment varies throughout the geographic locations in the District with 17.40% and 15.7% of Ward 7 and Ward 8 residents, respectively, attaining a bachelor’s degree or higher, compared to 72.90% of neighboring Ward 6 residents or 87.10% of Ward 3 residents\(^2\).

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In the District of Columbia, heart disease and stroke are the 1st and 4th leading causes of death, respectively. High blood pressure and high blood cholesterol increase the risk for heart disease and stroke. According to the 2017 Behavioral Risk Factor Surveillance Survey (BRFSS), nearly 26.4% of adults in DC reported having high blood pressure and 27.9% high cholesterol, both of which are major risk factors for heart disease. The high blood pressure prevalence rate among African-Americans is 24% higher than their white neighbors, 30.8% higher than their Hispanic neighbors and 30.8% higher than those who identify as “other” race. Geographic disparities in high blood pressure prevalence exist with the highest reported rates in Wards 7 (36.4%), 8 (37.2%) and 5 (34.4%) being at least 30% higher than the citywide rate. For African-Americans the prevalence rate of high blood cholesterol is about 15% higher than whites and 77% higher than Hispanics. Similar geographic disparities in high blood cholesterol exist as with high blood pressure. The highest rates are in Wards 7 (34%) and 6 (37%) compared to the lowest rate in Ward 4 (28%). In 2016, the prevalence of stroke among District residents was comparable to US rates at 2.9% and 3.0%, respectively. Older adults, age 65 and above had the highest prevalence of stroke at 6.7%. Residents in the lower income categories ($15,000-34,999 and $15,000 or lower) had rates of stroke seven and six times higher than residents with higher incomes ($50,000 and above). When comparing residents with lower educational attainment (high school or GED), the stroke prevalence rate is twice as high compared to college graduates. African-Americans in the District experienced stroke at a rate three times that of their white counterparts. Heart disease, stroke, hypertension and high blood cholesterol each disproportionately impact District adults who are low-income, African American and/or live in Wards 5, 7, and 8. To address these large disparities there is a need to improve and expand capacity for prevention and management programs for residents with heart disease and stroke to meet the needs of high risk populations in the District.

Although DC has a robust health care system, including extraordinary rates of health insurance coverage, there are still major disparities that exist in the utilization of preventive care and the prevalence and impacts of cardiovascular disease and related risk factors. Also, despite clear clinical guidelines and the existence of widely available and effective interventions targeting individuals with heart disease, diabetes, high blood pressure, etc., disparities in the District persist among low-income residents, African American residents, and residents of Wards 7 and 8. In order to combat the problem, DC Health joined the Centers for Disease Control and Prevention (CDC) Million Hearts™ Initiative, a national movement to prevent 1 million heart attacks and strokes by 2022.

In late 2013, DC Health established a District of Columbia Million Hearts Learning Collaborative (MHLC) made up of multi-sector and multidisciplinary partners to address these problems with an integrated clinical and public health approach to fighting heart disease, stroke and hypertension. Projects have special emphasis on reaching residents that are at high risk for development of heart disease, diabetes, high blood pressure, and/or high cholesterol, many of which are low-income residents, African American residents, and residents of Wards 7 and 8.

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3 DC Health, CPPE. Ten Leading Causes of Death – District of Columbia and U.S., 2017. Note: Rankings are pulled from preliminary data not to be distributed or shared beyond the purpose of the grant application.


The MHLC has enhanced partnerships, collaboration, information sharing and clinical-community linkages (CCLs), increased knowledge and ability to implement QI activities and increased capacity to monitor key indicators related to blood pressure control and diabetes management. The DC MHLC has set a District-wide goal to increase the percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period (NQF Measure 0018: Controlling High Blood Pressure) to 75% and decrease the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (NQF Measure 0059: Diabetes: Hemoglobin A1c Poor Control) to 25%. 2017 data from the DC Health Clinical Chronic Disease Reporting Dashboard (CCDR Dashboard), an electronic data reporting system and platform developed by DC Health that aggregates city-level data from Million Hearts partners on hypertension prevalence, diabetes prevalence, hypertension control (NQF 0018), and diabetes control (NQF 0059) and stratifies these measures rates by race, ward, zip code, gender and age indicated that 64.82% of patients had controlled blood pressure compared to 54% at the start of the Collaborative in 2013. Additionally, diabetes management has improved to 23.09% from 25.15% in 2015 when diabetes was added into QI activities. See below for data and maps of hypertension and diabetes management rates for 2015, 2016, and 2017 in each Ward. Map 1 below shows that over the past 3 years Wards 5, 6, 7, and 8 showed positive increases in the annual percent change for blood pressure control. Similarly, Map 2 shows that over the previous three years, all Wards (except for 3 and 4) showed positive increases in the annual percent change for diabetes management.

Map 1: Washington, DC Annual Percent Change in Blood Pressure Control 2015-2017

<table>
<thead>
<tr>
<th>Ward</th>
<th>Annual % Change in Blood Pressure Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 1</td>
<td>-2.59%</td>
</tr>
<tr>
<td>Ward 2</td>
<td>-1.60%</td>
</tr>
<tr>
<td>Ward 3</td>
<td>-1.15%</td>
</tr>
<tr>
<td>Ward 4</td>
<td>-2.10%</td>
</tr>
<tr>
<td>Ward 5</td>
<td>1.60%</td>
</tr>
<tr>
<td>Ward 6</td>
<td>1.91%</td>
</tr>
<tr>
<td>Ward 7</td>
<td>0.33%</td>
</tr>
<tr>
<td>Ward 8</td>
<td>1.72%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>-0.44%</td>
</tr>
</tbody>
</table>
DC Health’s CDD has prioritized QI Million Hearts intervention programs aimed at reaching vulnerable populations such as those in Wards 5, 7, and 8 necessary to improve disparities in diabetes, hypertension, and high blood cholesterol control. To date, DC Health has supported QI Million Hearts interventions within hospitals and Federally Qualified Health Centers (FQHCs)/health care clinics. Through this support, health systems have seen improvements in their patients’ management of diabetes and hypertension. In addition to supporting these areas, this RFA will also support interventions working to improve high blood cholesterol by monitoring cholesterol management clinical quality measures and implementing related CQI activities.

**Purpose**

The District of Columbia Department of Health, Community Health Administration is soliciting applications from eligible organizations to implement CQI interventions among health systems to improve the prevention and management of heart disease, diabetes, hypertension, and high blood cholesterol through a Plan-Do-Study-Act (PDSA) cycle approach and monitoring of population-level clinical quality data. Through this funding opportunity, grantees will join DC Health’s DC Million Hearts Learning Collaborative (MHLC) to share evidence-based QI tools and promising practices that will guide system-level QI interventions with a focus on clinical processes and clinical-community linkages (CCL). The purpose of this initiative is to improve hypertension, diabetes, and cholesterol control among patients diagnosed with these conditions, and decrease occurrence of these conditions among people at risk.
Performance Requirements
Applicants should propose projects that meet all criteria as listed below. Recipients are encouraged to engage the community that they serve in the planning, implementation, and evaluation of the project to ensure that it is tailored to meet the unique needs of their population.

Target Population
Projects should focus on District adults ages 18 and above who are at-risk for or diagnosed with chronic health conditions including hypertension, diabetes and/or high blood cholesterol. In addition, applicants should be able to demonstrate ability to reach priority populations, including adults of childbearing age at high risk for development of heart disease, diabetes, high blood pressure, and/or high cholesterol, residents aged 45-64 years old, low-income residents, African American residents, and residents of Wards 7 and 8.

Location of Services
Services must be delivered in one of the following health system settings: hospitals, ambulatory care clinics, and/or FQHCs.

Scope of Services
Applicants are encouraged to utilize strategies that:

- Develop sustainable interventions that can be shared, duplicated and-or expanded with minimal resources beyond the life of the grant;
- Align with Million Hearts™ goals and objectives

Applicants are required to choose at least three of the five strategies (A-E) listed below. Strategy A is required, so this one will be a part of each proposal. In addition, applicant will choose two (or more) other strategies. Within each strategy, applicants are required to choose two more activities for each, including the required activities. For example, applicants selecting Strategy A, must include Activity A1 as one of their selected activities and one other activity. Applicants then would choose at least two more of the five strategies. Lastly, applicants will clearly demonstrate capacity to implement the activities and develop plan to sustain successful strategies.

Strategy A: (REQUIRED) Health IT - Utilize data through electronic health records (EHR) and other health information technology (HIT) systems to improve healthcare delivery and optimized patient health outcomes

Activities:

A1. (REQUIRED) Participate in monthly meetings with the MHLC to discuss current best practices and address gaps in the optimal utilization of HIT systems at the provider level.
A2. Implement QI HIT interventions related to hypertension, type 2 diabetes, and cholesterol, such as: clinical decision support (CDS) systems to improve documentation of patients’ health status; improve ability of providers to interpret clinical results through alerts, reminders, etc.; utilize disease registries for proactive patient care management; and use telehealth applications for long distance patient/provider communication and care.

A3. Share population health level data for DC Health’s electronic Chronic Condition Reporting Dashboard (CCRD) to track and monitor clinical quality measures (CQMs) related to hypertension, type 2 diabetes, and cholesterol.

**Strategy B: Track and analyze evidence-based quality measures related to hypertension, type 2 diabetes, and cholesterol at the provider level to monitor healthcare disparities within a health system and implement activities to decrease healthcare disparities**

**Activities:**

B1. (REQUIRED) Participate in monthly meetings with the MHLC to discuss current best practices in clinical quality measurement.

B2. Implement QI interventions with a focus on improving monitoring and analyzing quality measures by demographic subgroups to identify healthcare disparities and develop data-driven activities to address them.

B3. Share population health level data for DC Health’s electronic Chronic Condition Reporting Dashboard (CCRD) to track and monitor clinical quality measures (CQMs) related to hypertension, type 2 diabetes, and cholesterol.

**Strategy C: Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings**

**Activities:**

C1. (REQUIRED) Participate in monthly meetings with the MHLC to discuss current best practices in engaging non-physician team members and experiences of MHLC grantees in implementing related interventions. Develop strategies to address challenges with engagement of non-physician team members in clinical settings.

C2. Implement QI interventions aligning with best practices in engaging non-physician team members.

**Strategy D: Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension**
Activities:

D1. (REQUIRED) Participate in monthly meetings with the MHLC to discuss implementation of current best practices for the use of self-measured blood pressure monitoring (SMBP), including the YMCA’s Blood Pressure Self-Monitoring program, and successes and challenges experienced by MHLC grantees in integrating SMBP in their health systems.

D2. Implement QI interventions incorporating best practices to facilitate implementation of self-measured blood pressure monitoring (SMBP).

Strategy E: Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community-based chronic disease management and prevention programs/resources.

Activities:

E1. (REQUIRED) Participate in monthly meetings with the MHLC to discuss current best practices, gaps, and opportunities on referral work flow processes to community programs and resources including the National Diabetes Prevention Program (DPP), Weight Watchers, and Supplemental Nutrition and Assistance Program and Education (SNAP-ED).

E2. Implement QI interventions strengthening referral processes of adults with hypertension and/or high blood cholesterol to community programs and resources including NDPP, Weight Watchers, and SNAP-ED.

APPLICATION REQUIREMENTS

A. Project Narrative (10-page limit)

Project Summary and Need (up to 1 page)
This section should briefly describe the purpose of the proposed project and the setting identified. Applicants should also provide a detailed description of the health outcomes faced by the population they serve, and any barriers to or challenges with achieving optimal health. In addition, applicants must describe in 2-3 sentences how their proposed project specifically aligns with the intended purpose of the RFA. Applicants should succinctly describe how their proposed project will use a Plan-Do-Study-Act (PDSA) cycle approach to conduct clinical quality improvement (CQI) interventions to improve the prevention and management of heart disease, diabetes, hypertension, and high blood cholesterol risk among targeted populations. Applicants must clearly identify the goal(s) of this project.

Target Population (up to 1/2 page)
This section should provide an overview of the applicant’s ability to engage District adults aged 18 and older who have or are at risk for of heart disease, diabetes, hypertension, and/or high
blood cholesterol. In addition, applicants should be able to demonstrate ability to reach priority populations including women of childbearing age, residents aged 45-54 years old, low-income residents, African American residents, and residents of Wards 7 and 8.

**Organization (up to 1/2 page)**
Applicants should provide information on the organizational infrastructure, as well as the organization’s mission and vision. Applicants should demonstrate capacity and experience working with key internal and external stakeholders to implement chronic disease QI programs and initiatives, and detail a scope of current heart disease, diabetes, hypertension, and/or high blood cholesterol focused programs that are in place within their organization. Applicants should demonstrate the capacity of the organization to develop and implement work plans and explain any experience with implementing the selected strategies (with an emphasis on the target population under this funding opportunity). In addition, applicants should demonstrate ability to meet performance requirements, collect data, follow project deadlines for deliverables, and provide accurate reporting. Lastly, applicants should affirm organizational leadership commitment to complete the project as proposed in the work plan.

**Project Description (up to 6 pages)**
This section should provide a comprehensive description of all aspects of the proposed project. This section should detail the proposed strategies and how those strategies will be implemented. It should be succinct, easy to understand and well organized.

- Clearly identify the three (3) strategies from the Scope of Services section that your organization plans to implement.
  - For each strategy, clearly describe the two or more activities for each and how they will be implemented and how the strategies will be operationalized to achieve program goals, objectives, and outcomes.
  - For each strategy, describe the rationale for selected activity. Please include assessment of current needs and assets in the health system.
- Indicate plans for sustainability of the initiative beyond the projected funding period.

**Partnerships (up to 1 page)**
In this section, the applicant should describe how partners shall be involved in the project implementation.

**Evaluation (up to 1 pages)**
Applicants should provide a description of how project goals will be assessed and monitored during project implementation. The applicant should describe how key performance measure data will be collected and used to assess project outcomes.

**B. Additional Required Documents**
Some of the documents to be included with this application will have required templates that the applicants must use. The sections below will indicate which documents require the use of a template. These documents will not count towards the Project Narrative 10-page limit; however, they will count towards the application proposal overall 20-page limit.
**Project Abstract**
A one-page project abstract is required. Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be **single-spaced, limited to one page in length**, and include the following sections (**no template provided**):

- **Project Description:** Briefly outline how the organization will implement the project in service of the goal and objectives.
- **Performance Metrics:** Outline the key outcome and process metrics and associated targets that will be used to assess grantee performance.

**Work Plan (Attachment 1)**
The Work Plan, on the template provided by DC Health, is required. The work plan describes key activities and tasks to successfully deliver the project scope of services. The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

**Budget Worksheet & Budget Justification (Attachment 2)**
The application should include (in Attachment 2) a Budget Worksheet and Budget Justification. The Budget Worksheet and Budget Justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. The project budget should reflect a 7-month budget period. Costs charged to the award must be reasonable, allowable and allocable under this program. Salaries and other expenditures budgeted in the grant must be for services that will occur during the 7-month grant period.

**Budget Worksheet**: The Budget Worksheet is required to be completed using the template provided by DC Health. Using the spreadsheet program, enter the proposed budgeted amounts in the sections outlined below.

**Budget Justification**: The budget justification should include a full narrative description of each of the following sections as listed below, as well as a total of all proposed costs using the DC Health template.

- **Salary:** Include the name of each staff member (or indicate a vacancy), position title, annual salary, and percentage of full-time equivalency dedicated to this project.

- **Fringe:** Provide the fringe benefit rate and list all components that make up the rate. Indicate all positions/staff for which fringe benefits will be charged.

- **Supplies:** Funds can be used to cover supplies related to education/outreach. Applicant should provide a separate category total and description for each. Description should include a summary of the individual items and their quantity included in each category; however, the items do not have to be priced out separately. Description should also include how the supplies directly support the project.
**Equipment:** Equipment costs will be allowed if they are part of a loaner program helping patients as they obtain more long-term, permanent equipment management tools, etc. through insurance, etc. EMR upgrades and/or tools are also acceptable.

**Travel:** Only local travel related to project activities will be approved in the grant budget. Narrative justification should provide details on how costs were calculated and how the travel supports the project.

**Contractual:** Provide the cost and explanation as to the purpose of each contract, how the costs were estimated, and the expected contract deliverables.

**Other Direct Costs:** Provide information on other direct costs that have not been otherwise described.

**Indirect Costs:** Indirect costs should not exceed 10% of direct costs.

*Note:* The electronic submission platform, Enterprise Grants Management System (EGMS), will require additional entry of budget line items. This entry does not replace the required upload of the Budget Worksheet and Budget/Justification using the required templates.

**Staffing Plan & Organizational Chart**
Provide an organizational chart and staffing plan that includes a minimum of one full or part-time Quality Improvement coordinator and one data analysis support. Position descriptions (not to exceed 1/2 page for each) of all proposed staff should be included with this section. No DC Health template is provided.

**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 four 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: Need (Corresponds to Sections Project Summary and Need and Population) - 25 points**
- Does the applicant well demonstrate an understanding of resources needed to implement clinical QI strategies?
- Does the applicant demonstrate an understanding of the health indicators/outcomes for the population they serve and challenges to improving health outcomes?
- Does the applicant well describe the demographics of the population they serve?
- Does the applicant serve a high proportion of the target subpopulations?
- Does the applicant identify clear goals for the project? Does the project implementation plan align with stated goals?
Criterion 2: Capacity (Corresponds to Sections Organization and Partnerships) - 20 points
- Does the applicant’s organizational infrastructure support the implementation of the proposed strategies?
- Does the applicant well demonstrate commitment from the organization’s leadership to implement the proposed strategies?
- Does the applicant provide evidence of successful implementation of initiatives to prevent and improve the management of diabetes, hypertension, and high blood cholesterol and lifestyle change programs and initiatives?
- Does the applicant identify a project lead?
- Has the applicant identified community partners that they will collaborate with to help implement some of the proposed project activities?

Criterion 3: Strategic Framework (Corresponds to Section Project Description) - 30 points
- Do the strategies align with demonstrated needs of the patient population?
- Do the activities support the associated strategy?
- Are objectives SMART?
- Does the proposed project seem like it will achieve the stated goals?
- Is the proposed project feasible given the expected timeline and current infrastructure?

Criterion 4: Evaluation (Corresponds to Section Evaluation)-25 points
- Does the applicant identify staff who will be responsible for data collection and analysis?
- Does the applicant specify a process to collect and analyze data that tracks progress towards project goals?
- Does the applicant demonstrate how the implementation of QI projects will lead to improvements of the population level outcomes?
- Does the applicant identify measurable indicators that align with the project goal?

**REVIEW AND SCORING OF APPLICATION**

**Pre-Screening Technical Review**

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 that their applications did not meet eligibility.

**External Review Panel**

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in chronic disease prevention and control, public health and prevention health program planning and evaluation, and social services planning and implementation. 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 parties 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.

PRE-AWARD ASSURANCES & CERTIFICATIONS

DC Health requires all applicants to submit various Certifications, Licenses, and Assurances at the time the application is submitted. Those documents are listed in Section VII.A. DC Health classifies assurances packages as two types: those “required to be submitted with applications” and those “required to sign grant agreements.”

A. Assurances Required to Submit Applications (Pre-Application)
   • City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands). Clean Hands Compliance Status letter must be dated no more than 3 months prior to the due date of application.
   • 501 (c) 3 certification, as applicable
   • Official List of Board of Directors on letterhead, for current year, signed and dated by the authorized executive of the Board. (cannot be the CEO), as applicable
   • All Applicable Medicaid Certifications
   • A Current Business license, registration, or certificate to transact business in the District of Columbia
   • FQHC certification, if applicable

B. Assurances Required to sign grant agreements for funds awarded through this RFA (Post-Award)
   • Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
• Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
• Certification of current/active Articles of Incorporation from DCRA (Certificate of Good Standing).
• Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker’s Compensation
• Certificate of Occupancy
• Most Recent Audit and Financial Statements

APPLICATION PREPARATION & SUBMISSION

Application Package

Only one (1) application per organization will be accepted.

The following applicable documents are included in the 20-page limit:
• Project Abstract
• Project Narrative
• Work Plan – Attachment 1
• Budget Worksheet & Budget Justification - Attachment 2
• Staffing Plan and Organizational Chart

The following documents are not included in the 20-page limit:
• 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.
• Assurances Certifications and Disclosures (See Appendix A): reviewed and accepted via EGMS. Scan and upload one copy SIGNED by the Agency Head or authorized official.
• DC Health Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)

Uploading the Application

All applications must be submitted through EGMS. Documents to include in each uploaded file are below. All of these must be aligned with what has been requested in other sections of the RFA.

Business Documents - Scan and upload ONE .pdf file to be named Business Documents that contains the following: 501(c) 3 Certification; City Wide Clean Hands Compliance Status Letter; Official List of Board of Directors; Medicaid Certifications, current business license: FQHC designation letter, and Appendix A (Assurances Certifications & Disclosures (signed)) documents.

Application Proposal - Upload ONE .pdf file to be named Application Proposal that contains the following: Table of Contents, Project Abstract, Project Narrative, Work Plan, Budget Worksheet & Budget Justification, and Staffing Plan & Organizational Chart.
Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

Application Submission

All District of Columbia Department of Health application submissions must be done electronically via Department of Health’s Enterprise Grants Management System (EGMS), DC Health’s web-based system for grant-making and grants management. 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

DC Health 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). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.

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](http://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](mailto: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 AGENCYNAME.** 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](mailto:doh.grants@dc.gov) assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: Arif Wadood (202) 442-5841 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

**Deadline Is Firm:**

Submit your application via EGMS by 6:00pm, on the deadline date of **Friday, October 18, 2019.** Applications will not be accepted after the deadline.
**PRE-APPLICATION MEETING**

A Pre-Application Meeting will be held on **September 25, 2019 from 2:00pm to 4:00pm at 899 North Capitol Street, NE, 3rd. Floor Conference Room #332, Washington, DC 20002.**

The meeting will provide an overview of CHA’s RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DC Health personnel at this conference. Do not submit drafts, outlines or summaries for review, comment, or technical assistance.

**GRANTEE REQUIREMENTS**

If the applicant is considered for funding based on the results of the completion and receives a Notice of Intent to Fund and subsequently accepts grants award, the following requirements are in effect:

**Grant Terms & 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.

**Grant Uses**

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

**Conditions of Award**

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

1. Revise and resubmit a work plan and budget with justification in accordance with the approved scope of work and assignments prescribed by a DC Health Notice of Intent to Fund and any pre-award negotiations with assigned DC Health project and grants management personnel.

2. Meet Pre-Award requirements, including submission and approval of required assurances and certification documents, documentation of non-disbarment or suspension (current or pending) of eligibility to receive local or federal funds.

3. Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Department of Health and accepted by the grantee organization. The grant agreement shall outline the scope of work, standards, reporting
requirements, fund distribution terms and any special provisions required by federal agreements.

4. Utilize Performance Monitoring & Reporting tools developed and/or approved by DC Health.

**Indirect Cost**

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies. Grant awardees will be allowed to budget for indirect costs of no more than ten percent (10%) of total direct costs.

**Insurance**

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

**Audits**

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

**Nondiscrimination in the Delivery of Services**

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

**Quality Assurance**

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

Funding is contingent upon the Grantee’s compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and evaluation plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.
A final performance report shall be completed by the District of Columbia Department of Health and provided and held for record and use by DC Health in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DC Health Office of Grants Management.
CONTACT INFORMATION:

**Grants Management**
Brenda Ramsey-Boone
Office of Grants Monitoring & Program Evaluation
Community Health Administration
DC Department of Health
899 North Capitol Street, NE, 3rd Floor
Washington, DC 20002
Email: brenda.ramsey-boone@dc.gov

**Program Contact**
Riana Buford, MSA, MCHES
Public Health Analyst
Chronic Disease Division
Bureau of Cancer and Chronic Disease Prevention
Community Health Administration
District of Columbia Department of Health
899 North Capitol Street, NE, 3rd Floor
Washington, DC 20002
Email: Riana.Buford@dc.gov
Attachments

- Attachment 1 - Work Plan
- Attachment 2 – Budget Worksheet & Budget Justification
Agency/Organization Name: 

Program/Grant Name: 

Project Title: 

Total Request: 

Primary Target Population: 

Estimated Reach: 

Programmatic Contact Person: 

Telephone: 

Email: 

Guidance:
Using the following instructions please complete the chart below:

- Goal: Make sure your goals are clear and reachable, each one should be:
  - Specific (simple, sensible, significant)
  - Measurable (meaningful, motivating)
  - Achievable (agreed, attainable)
  - Relevant (reasonable, realistic and resourced, results-based)
  - Time bound (time-based, time limited, time/cost limited, timely, time-sensitive)

- Objective (SMART): Measurable steps your organization would take to achieve the goal
GOAL 1: Expand the availability of health care transition (HCT) training to school-based health centers (SBHCs) and to community-based mental health providers using evidence-informed HCT interventions and tested quality improvement (QI) methodologies.

<table>
<thead>
<tr>
<th>Measurable Objectives/Activities:</th>
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<tr>
<td><strong>Objective #1:</strong> By the end of month 12, partner with School-Based Health Centers and move from customizing and piloting the Six Core Elements of HCT to full implementation in routine preventive and primary care.</td>
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<td><strong>Key Indicator(s):</strong> Number of students completing HCT readiness assessments, preparation of article on DC SBHC transition quality improvement initiative, number of presentations of SBHC transition results locally and nationally.</td>
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<td><strong>Key External Partner(s):</strong> DC DOH and SBHCs</td>
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### Key Activities to Meet this Objective:

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<tr>
<th>Start Date</th>
<th>Completion Date</th>
<th>Actual Start Date</th>
<th>Actual Completion Date</th>
<th>Key Personnel (Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. In months 1-9, continue training/coaching SBHC clinical teams as they incorporate transition into routine clinic processes.</td>
<td>10/1/17</td>
<td>6/30/18</td>
<td>Primary Investigator Consultant</td>
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<td>B.</td>
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**Objective #2:**

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<th>Key Indicator(s):</th>
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<td>Key External Partner(s):</td>
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**Objective #3:**

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<th>Key Indicator(s):</th>
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### Key Activities to Meet this Objective:

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**GOAL 2:**

**Measurable Objectives/Activities:**

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## GOAL 4:

### Measurable Objectives/Activities:

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ATTACHMENT 2 – Budget Worksheet and Budget Justification

Budget/ Budget Justification Instructions

Provide 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. This document should be submitted with the Excel budget template that was provided to you.

A. Personnel: Personnel costs should be explained by listing each staff member who will (1) be supported from funds and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for quality improvement activities, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality and reporting. Note: Final personnel charges must be based on actual, not budgeted labor. Fringe Benefits: Fringe Benefits change yearly, and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.

B. Consultants/Contractual: Grantees must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Grantees must provide the following information in the budget justification:

1. Name of Contractor/Consultant: Who is the contractor/consultant?
   Include the name of the qualified contractor and indicate whether the contract is with an institution or organization if applicable. Identify the principle supervisor of the contract.

2. Method of Selection: How was the contractor/consultant selected?
   If an institution is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services. If the contract is with an institution or organization, include the contract supervisor’s qualifications.

3. Period of Performance: How long is the contract period?
   Include the complete length of contract. If the contract involves a number of tasks, include the performance period for each task.
4. **Scope of Work:** What will the contractor/consultant do?
   List and describe the specific tasks the contractor is to perform.

5. **Criteria for Measuring Contractor/Consultant Accountability:** How will contractor/consultant use the funds?
   Include an itemized line item breakdown as well as total contract amount. If applicable, include any indirect costs paid under the contract and the indirect cost rate used. Grantees must have a written plan in place for contractor/consultant monitoring and must actively monitor contractor/consultant.

C. **Occupancy/Rent:** This cost includes rent, utilities, insurance for the building, repairs and maintenance, depreciation, etc. Include in your description the cost allocation method used to allocate this line item.

D. **Travel:** The budget should reflect the travel expenses associated with implementation to the program and other proposed trainings or workshops, with breakdown of expenses (e.g. airfare, hotel, per diem, and mileage reimbursement).

E. **Supplies:** Provide justification of the supply items and relate them to specific program objectives. It is recommended that when training materials are kept on hand as a supply item, that it be included in the “supplies” category. *When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized and shown in the “Other Direct Costs” category.* If appropriate, general office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget period. If total supplies is over $10,000 it must be itemized.

F. **Equipment:** Provide itemized costs, specifications, quantity, unit, unit cost, and basis for cost estimate (actual cost or price quotation).

G. **Client / Participant Costs:** Includes client travel. Client/Participant costs are costs paid to (or on behalf of) participants or trainees (not employees) for participation in meetings, conferences, symposia, and workshops or other training projects, when there is a category for participant support costs in the project.

H. **Communication:** Cost estimates for any communications and dissemination activities included in the work plan should be covered in the budget.

I. **Other Direct Costs:** Other direct costs category contains items not included in the previous categories. Give justification for all the items in the “other” category (e.g., separate justification for printing, publication costs for presentations/posters, telephone, postage, software programs, computers, etc.). All costs associated with training activities should be placed in the “other direct cost” category except costs for consultant and/or contractual.
### Personnel

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<thead>
<tr>
<th>Name of Staff</th>
<th>Position Title</th>
<th>Percent Charge to Grant</th>
<th>Annual Salary</th>
<th>Salary Charged</th>
<th>Fringe Benefits Rates</th>
<th>Fringe Benefits Cost</th>
<th>Total Salary and Benefits</th>
<th>In-Kind Contributions (Yes/No)</th>
<th>Monthly Quantity</th>
<th>Total</th>
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**Total Personnel**

### Non-Personnel Costs

#### Consultants/Contractual

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#### Occupancy (List the location of each service below)

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#### Travel (List each traveler's name below)

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<th>Travel Destination</th>
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#### Supplies

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#### Equipment

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### Client Costs

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#### Communication

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**Total Non-Personnel Cost**

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### Other Direct Costs

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**Total Other Direct Cost**

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### Total Direct and Indirect Costs

#### Direct Cost (Personnel + Non-Personnel + Other Direct)

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#### Indirect Cost (10%)

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**Total Project Cost**

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APPENDICES

- Appendix A – Assurances, Certifications, and Disclosures
APPENDIX A: ASSURANCES CERTIFICATIONS & DISCLOSURES

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant/Grantee organization. These assurances and certifications reflect requirements for recipients of local and pass-through federal funding.

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;

2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;

3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;

4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers’ Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)

5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;

6. If required by DC Health, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;

7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, “Debarment and Suspension,” and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;

8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.

11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;

12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;

13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;

14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and

15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and

16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

The Applicant/Grantee shall comply with all applicable District and federal statutes and regulations, including, but not limited to, the following:


5. The Clean Air Act (Subgrants over $100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);

7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);


14. Executive Order 12459 (Debarment, Suspension and Exclusion);


16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:

   1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

   2) Establish a drug-free awareness program to inform employees about:

      a. The dangers of drug abuse in the workplace;
      b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
      c. Any available drug counseling, rehabilitation, and employee assistance programs; and
      d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

   3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;

17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;


19. Title VI of the Civil Rights Act of 1964;


22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification
2. **Applicant/Grantee Mandatory Disclosures**

<table>
<thead>
<tr>
<th>A. Per OMB 2 CFR §200.501– any recipient that expends $750,000 or more in federal funds within the recipient’s last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee’s last fiscal year, were you required to conduct a third-party audit?</th>
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<th>B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.</th>
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<th>C. Executive Compensation: For an award issued at $25,000 or above, do Applicant/Grantee’s top five executives do not receive more than 80% of their annual gross revenues from the federal government, Applicant/Grantee’s revenues are greater than $25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission.</th>
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<th>D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: ____. If yes, insert the name of the cognizant federal agency? ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES</td>
</tr>
<tr>
<td>[ ] NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DC Health award.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] YES</td>
</tr>
<tr>
<td>[ ] NO</td>
</tr>
</tbody>
</table>
ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this application for funding and if considered for funding by DC Health, to negotiate and accept terms of Agreement on behalf of the Applicant/Grantee organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

NAME: INSERT NAME  TITLE: INSERT TITLE
AGENCY NAME:

Date: