

# Department of Health



GOVERNMENT OF THE DISTRICT OF COLUMBIA

## Community Health Administration

REQUEST FOR APPLICATIONS  
**Multi-Component Obesity Prevention in Targeted Settings**  
**RFA# CHA\_MCOP 10.12.18**

**Submission Deadline:**

November 29, 2018 at 6:00 pm

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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Health, Department of (DC Health)  
 Notice of Funding Availability (NOFA)  
 Community Health Administration (CHA)  
 RFA#: CHA\_MCOP 10.12.18

**Multi-Component Obesity Prevention in Targeted Settings**  
**Amended**

**This notice supersedes the notice published in DC Register on September 28, 2018 Vol 65/39 Part 1**

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 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:	Multi-Component Obesity Prevention in Targeted Settings
Funding Opportunity Number:	FO-CHA-PG-00004-014
Program RFA ID#:	CHA_MCOP 10.12.18
Opportunity Category:	Competitive
DOH Administrative Unit:	Community Health Administration
DOH Program Bureau	Cancer and Chronic Disease Prevention
Program Contact:	LaVerne Jones (202) 442-9151
Program Description:	Funding under this RFA will support place-based multi-component obesity prevention efforts through implementation of programs, organizational policies, and guidelines in three intervention areas: a) increase access to healthy food and beverages b) increase physical activity access and outreach c) increase referrals and access to evidence-based lifestyle change programs. Projects should focus on District adults aged 18 and older who are overweight and/or at risk for diabetes or heart disease. In addition, applicants should be able to demonstrate ability to reach priority populations including women of child-bearing age, residents aged 45-54 years old, low-income residents, African American residents, and residents of Wards 7 and 8. The goal of this RFA is to support a culture of health and wellness through a systems change approach to increasing access to healthier food options,

Eligible Applicants	Eligible applicants include: Public or private institutions of higher education Nonprofit organizations Not-for-profit organizations Small Businesses State Government Agencies Public Housing Authorities Healthcare Organizations
Anticipated # of Awards:	3-6
Anticipated Amount Available:	\$320,000
Floor Award Amount:	\$50,000
Ceiling Award Amount:	\$100,000

**(1) Funding Authorization**

Legislative Authorization	301(A) and 317(K)(2) of the Public Health Service Act, 42 USC Section 241(A) and 247B(K)(2), as amended
Associated CFDA#	93.991
Associated Federal Award ID#	1NB01OT009228-01-00
Cost Sharing / Match Required?	No
RFA Release Date:	<b>October 26, 2018</b>
Pre-Application Meeting (Date)	<b>November 1, 2018</b>
Pre-Application Meeting (Time)	<b>1:30pm – 3:00pm</b>
Pre-Application Meeting Location	899 N. Capitol St. NE Third Floor, #306 Washington, DC 20002
Conference Call Access	To register go to: <a href="https://dcnet.webex.com/dcnet/k2/j.php?MTID=taaf707138ccbf6a206183460ad60ab2e">https://dcnet.webex.com/dcnet/k2/j.php?MTID=taaf707138ccbf6a206183460ad60ab2e</a>
Letter of Intent Due date:	Not applicable
Application Deadline Date:	<b>November 29, 2018</b>
Application Deadline Time:	6:00 pm
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse <a href="http://opgs.dc.gov/page/opgs-district-grants-clearinghouse">http://opgs.dc.gov/page/opgs-district-grants-clearinghouse</a> DC Health EGMS <a href="https://dcdoh.force.com/GO_ApplicantLogin2">https://dcdoh.force.com/GO_ApplicantLogin2</a>

## 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](http://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](http://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](mailto: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

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- 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:
  - DC Health Application Profile and Table of Contents
  - Assurances, Certifications and Certification Documents
  - Project Narrative
  - Project Abstract
  - Work Plan (Attachment 2)
  - Staffing Plan
  - Budget and Budget Justification (Attachment 4)
  - Letters of Commitment
- 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 **Thursday, November 29, 2018.**

## GENERAL INFORMATION

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### Key Dates

- Request for Application Release Date: [Friday, October 26, 2018](#)
- Pre Application Meeting Date: [Thursday, November 1, 2018](#)
- Application Submission Deadline: [Thursday, November 29, 2018](#)
- Anticipated Award Start Date: [Friday, December 14, 2018](#)



## Overview

Funding under this RFA will support multi-component obesity prevention efforts in targeted settings through implementation of programs, organizational policies, and guidelines in three intervention areas: a) increased access to healthy food and beverages; b) increased outreach and access to physical activity programs and; c) increased referrals and access to evidence-based lifestyle change programs. Projects should focus on District adults aged 18 and older who are overweight and/or at risk for diabetes or heart disease. In addition, applicants should be able to demonstrate the ability to reach priority populations including women of child-bearing age, residents aged 45-54 years old, low-income residents, African-American residents, and residents of Wards 7 and 8. The goal of this RFA is to support a culture of health and wellness through environmental and systems change approach to increasing access to healthier food options, opportunities for physical activity, as well as utilization of lifestyle change programs through the places where District residents work, play or pray.

## Source of Grant Funding

Funding is made available under the Preventive Health and Health Services Block Grant (301(A) and 317(K) (2) of the Public Health Service Act, 42 USC Section 241(A) and 247B (K) (2), as amended), federal award **NB01OT009228**.

## Award Information

### Amount of Funding Available

This RFA will make available \$320,000 for up to six awards per year.

### Performance and Funding Period

The anticipated performance and funding period is December 14, 2018 – September 30, 2019. Subsequent to the first 12-month budget period, funding will be awarded for up to two (2) option years. The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and the recipient performance.

### Eligible Organizations/Entities

Eligible entities who can apply for grant funds under this RFA are public or private institutions of higher education, nonprofit organizations, small or medium businesses, early childcare education centers, and health care organizations. Priority will be given to those organizations employing or serving high proportions of the target population.

### 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 **20 pages**. The total size of uploaded files that will be counted in the page limit may not exceed the equivalent of **50 pages** when printed by DC Health. The page limit includes the following documents:

- Project Narrative (*20 Page Limit*)
- Project Abstract (Attachment 1)
- Work Plan (Attachment 2)
- Budget and Budget Justification (Attachment 4)
- Staffing Plan (Attachment 5)
- Letters of Commitment (Attachment 6)

## **BACKGROUND & PURPOSE**

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### **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 693,972. This represents a 15.3% population increase since 2010 (601,723)<sup>1</sup>. The District of Columbia is divided into eight geographical wards, with the smallest population in Ward 7 (approximately 73,290 residents) and the largest population in Ward 8 (approximately 81,133 residents)<sup>2</sup>. The median age for residents is 37.7 years old. Wards 1 and 2 have the largest proportion of adults ages 18 through 64 (79.9% and 85.5%). Wards 7 and 8 have the largest proportion of youth aged 0-18 (23.8% and 29.7%). And lastly, the largest proportion of adults over age 65 reside in Wards 3 and 4 (16.3% and 14.4%)<sup>3</sup>.

Overall, the District's racial distribution is 47.7% African-American, 44.6% White, and 4.1% Asian. Hispanic residents of any race make up more than 10% of the population<sup>1</sup>. Wards 7 and 8 have the highest percentage of African American residents, 94.2% and 92.8% respectively<sup>4</sup>.

While the median household income in the District is \$72,935, Wards 7 and 8 have median income levels at \$38,559 and \$31,139 respectively, demonstrating the economic disparities that exist in the region. In addition, educational attainment varies throughout the geographic locations in the District with 17% and 14% of Ward 7 and Ward 8 residents, respectively, attaining a bachelor's degree or higher compared to 69% of neighboring Ward 6 residents or 86% of Ward 3 residents<sup>5</sup>.

Despite continual ranking within the top "fittest cities" in the nation by the American College of Sport's Medicine, obesity rates in the District vary greatly by race, socioeconomic status, and geographic location. The rate of adult obesity in Washington, D.C. is 22.6% which is below the national average of 30.1%<sup>6</sup>. However, obesity disproportionately affects African Americans (37.4%), persons with earnings in the lowest income bracket (34.9%) and residents in Wards 7 and 8 (33.6% and 43.1%, respectively).

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<sup>1</sup> United States Census Bureau. Quick Facts District of Columbia. <https://www.census.gov/quickfacts/DC> February 2018.

<sup>2</sup> U.S. Census Bureau (2015). *American Community Survey 5-year estimates*. Retrieved from *Census Reporter Profile page for Ward 7, DC* <<https://censusreporter.org/profiles/61000US11007-ward-7-dc/>>

<sup>3</sup> [https://planning.dc.gov/sites/default/files/dc/sites/op/page\\_content/attachments/Key%20Indicators%202011-2015.pdf](https://planning.dc.gov/sites/default/files/dc/sites/op/page_content/attachments/Key%20Indicators%202011-2015.pdf) February 20, 2018.

<sup>4</sup> Government of the District of Columbia. Office of Planning State Data Center. Key Demographic Indicators 2011-2015.

<sup>5</sup> Key Demographic indicators District of Columbia and the United States American Community Survey 5-year Estimates 2011-2015. Government of the District of Columbia, Office of Planning State Data Center.

<sup>6</sup> Centers for Disease Control and Prevention. Chronic Disease Indicators.

[https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH\\_CD1.ExploreByLocation&rdRequestForwarding=Form](https://nccd.cdc.gov/cdi/rdPage.aspx?rdReport=DPH_CD1.ExploreByLocation&rdRequestForwarding=Form) February 20, 2018.

Obesity is a major contributor to chronic diseases such as cardiovascular disease (CVD) and type 2 diabetes. Modifiable risk factors for obesity include poor nutrition and lack of physical activity. According to the 2014 DC Behavioral Risk Factor Surveillance System (BRFSS) Report, 64.7% of District residents consumed fruit one or more times a day and 78% consumed vegetables one or more times a day, compared to DC Healthy People 2020 goals of 71.2% and 83.8% respectively.

Recommendations from the *2008 Physical Activity Guidelines for Americans* encourage adults to receive at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity physical activity, or an equivalent combination<sup>7</sup>. Many District residents struggle to meet these recommendations. BRFSS data reveals that 83.8% of adults in the District reported *any* physical activity or exercise during the past month. When stratified by race, socioeconomic status, and geographic location, it is important to note physical activity rates are also lowest in African American residents (74.0%), residents in the lowest income bracket (68.5%), and residents living in Wards 7 and 8 (70.9%, 73.4%).

The rates of chronic disease in Washington, DC follow obesity trends in respect to race, socioeconomic status, and geographic location. The rate of heart disease or cardiovascular disease (CVD) and stroke are the 1st and 3rd leading causes of death, respectively.<sup>8</sup> According to 2015 BRFSS data, 29.4% of DC residents are diagnosed with high blood pressure<sup>9</sup>, a major risk factor for heart disease. However, high blood pressure prevalence rates among African-Americans in the District is more than twice as high as white, non-Hispanic residents (43.4%, 18.1%). Residents who earn less than \$24,999 per year have rates of hypertension that more than double those residents earning greater than \$75,000 per year (48% compared to 20.8% respectively). Lastly, according to 2013 BRFSS data, geographic disparities in high blood pressure prevalence exist with the highest reported rates in Wards 7 (50.4%), 8 (42.2%) and 5 (39.5%), where rates are at least 25% higher than the citywide rate. Similar trends are seen with type 2 diabetes with overall District-wide rates similar to the national average at 7.7%, but much higher prevalence among African American residents (14.4%), low-income residents (15%) and residents living in Ward 7 (14.2%) and Ward 8 (16.5%).

In order to reduce the risks for obesity and chronic disease, the Centers for Disease Control and Prevention (CDC) recommends proper diet, adequate levels of physical activity, and utilization of evidence-based behavioral interventions that support a healthy lifestyle. In order to support healthy eating in the community, increasing access and consumption of healthy food and beverages is integral. Utilizing environmental and organizational policies, marketing and communications strategies, and educational opportunities are best practices that have beneficial effects, especially if implemented in targeted populations. Examples of policies that impact a broader population include healthy meeting policies at a worksite or healthy vending machine policies at a hospital. Limiting unhealthy food marketing or creating price differentials to incentivize healthier behavior can also be effective mechanisms to increasing access. For example, a corner store may ban the marketing of high-sugar soda on any coolers or advertising placed in the store, or a cafeteria in an office may price fresh fruits at a lower price point than high sodium chips. Lastly, providing nutrition education can be extremely beneficial to increasing access by empowering residents with the knowledge necessary to make healthier

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<sup>7</sup> 2008 Physical Activity Guidelines for Americans. Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. 2018. <https://health.gov/paguidelines/guidelines/summary.aspx>

<sup>8</sup> Government of the District of Columbia. District of Columbia Healthy People 2020, Framework Report, 2016

<https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/FINAL%20DC%20HP2020%20Framework%20Report%205-23-16.pdf>

<sup>9</sup> DC Healthy People 2020 Framework, April 2016

<https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/FINAL%20DC%20HP2020%20Framework%20Report%205-23-16.pdf>

choices. Examples of nutrition education includes offering free nutrition counseling to staff at a workplace or providing free healthy grocery store tours to residents.

Increasing physical activity can be achieved through several approaches in a community. Released in September 2015, the *Surgeon General's Call to Action to Promote Walking and Walkable Communities* details the benefits of a proper diet and increasing physical activity to reduce the risk of or manage chronic diseases and obesity. Specifically, the report focuses on increasing walking and improving the walking environment as a viable public health strategy for improving health outcomes in a community. Walking is a low-impact exercise that can be done for long periods of time which makes it a potential first step for people of all abilities looking to become physically active or maintain their physical activity levels. In addition, focusing on walking may help people who do not typically have time for physical activity fit it into their lifestyle, by choosing to walk to work, school, or other nearby destinations. Lastly, focusing on walking may have benefits for the surrounding environment, such as improving public safety, and reducing air pollution<sup>10</sup>.

Additional best practices recommended by the CDC for promoting physical activity are similar to nutrition recommendations. For example, implementing organizational physical activity policies and incentives such as active community benefits to a worksite, or free Zumba classes within a faith based institution can lead to an increase in physical activity levels in a defined setting. In addition, physical activity counseling or group-based education combined with technology that can provide feedback is an effective behavioral intervention in a community setting. An example of this would be administering the in-person Walk with Ease program and providing wrist trackers or pedometers to participants in order to track their progress.

Increasing community participation in evidence-based lifestyle-change programs can help to reinforce healthy choices and active living. Evidence-based lifestyle change programs refer to CDC recognized programs that provide education and support to learn and manage healthy eating strategies, physical activity strategies, mechanisms to cope with stress, goal setting and action planning to maintain healthy behaviors. Lifestyle change programs can be administered in an in-person community based group setting, which meet on a scheduled basis and provide a support group for people with similar goals and challenges. Programs are also offered virtually in a web-based, self-paced format. Online programs provide direct feedback from lifestyle coaches, as well as online food and physical activity tracking programs. Examples of evidence-based lifestyle change programs include the Diabetes Prevention Program, the Chronic Disease Self-Management Program, and the Diabetes Self-Management Program.

## Framework

Integrated and coordinated behavior change programs that intervene in multiple, defined settings simultaneously allow for a greater impact at the population level. Multi-component obesity prevention in targeted settings refers to this coordinated approach of utilizing a combination of education and engagement, behavioral strategies, environmental approaches and policies to implement programs in the spaces and places that District residents work, live, play and pray in a meaningful and sustainable manner<sup>11</sup>.

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<sup>10</sup> U.S. Department of Health and Human Services. *Step it Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2015. <https://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/call-to-action-walking-and-walkable-communities.pdf>

<sup>11</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5086762/>

Implementing multi-component obesity prevention interventions can include one or more approaches that support behavioral change:

1. Informational and educational strategies that increase the knowledge base related to proper nutrition, physical activity, and lifestyle change programs within the defined setting/population.
2. Behavioral and social strategies to support positive beliefs and social factors, such as counseling, skill-building, incentives, and support systems.
3. Environmental approaches to making the healthy choice the easy choice by targeting the entire population of a defined setting. This can involve interventions that change physical and organizational structures such as improving access to healthy food, providing physical activity opportunities free of charge, or implementing referral systems for lifestyle change programs.
4. Policy strategies that may change the rules and procedures of a defined setting, such as implementing healthier vending policies or instituting physically active meeting policies<sup>12</sup>.

## Purpose

DC Health, Community Health Administration is soliciting applications from qualified organizations to implement evidence-informed strategies to facilitate a culture of health and make healthier choices easier for people who live, work, play and pray in the District. Through this funding opportunity, DC Health will work with organizations to implement a multi-component obesity prevention initiative. The purpose of this initiative is to increase the adoption of nutrition and physical activity guidelines, evidence-based programs, and best practices for targeted settings to reduce the rates of obesity and chronic disease.

## Performance Requirements

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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 the unique needs of their population.

## Target Population

Projects should focus on District adults aged 18 and older who are overweight and/or at risk for diabetes or heart disease. In addition, applicants should be able to demonstrate ability to reach priority populations including women of child-bearing age, residents aged 45-64 years old, low-income residents, African American residents, and residents of Wards 7 and 8.

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<sup>12</sup> <https://www.cdc.gov/policy/hst/hi5/worksite/index.html>

## Location of Services

Services must be delivered in one of the following targeted settings: worksites/businesses, public charter schools, child care centers, healthcare facilities, restaurants/hospitality, unions, and faith-based institutions.

## Scope of Services

Applicants shall implement community-driven, interventions that focus on a defined setting with the goal of promoting healthy food environments and increased opportunities for physical activity for target populations in the District of Columbia-

Grantee activities shall consist of the following:

- Conduct environmental scan of nutrition, physical activity, and/or wellness policies, benefits, and programs in targeted setting.
- Develop and implement comprehensive communications and outreach strategy to reach target population within proposed settings.
- Implement strategies to address nutrition, physical activity, and lifestyle change in targeted setting (see Focus Areas below).
- Follow templates provided by DC Health to implement evaluation plans and ensure accurate data collection activities.

Grantees are expected to implement at least three (3) of the strategies listed below. Of the three (3) strategies selected, applicants must implement at least one (1) strategy under the Nutrition Focus Area, and at least one (1) strategy under the Physical Activity Focus Area. Applicants may choose more than one strategy under a Focus Area.

### Nutrition Focus Area

- Increase access and consumption of healthy food and beverages.

*Strategies:*

- **Implement nutrition standards/foodservice guidelines to increase the availability of healthy foods**
  - The Association for State Public Health Nutritionists has compiled a complete listing of resources for implementing foodservice guidelines within defined settings which can be accessed here: <https://asphn.org/food-service-guidelines/>.
  - The Alabama Healthy Vending Machine Program increases access to healthier foods and beverages in worksites and other locations through utilization of “Good Choice” logos and nutrition guidelines in vending machines and places where snacks and beverages are available. More information can be accessed here:

[http://www.alabamapublichealth.gov/npa/assets/HVMPGuidelines\\_August2015.pdf](http://www.alabamapublichealth.gov/npa/assets/HVMPGuidelines_August2015.pdf)

- **Implement healthy food and beverage marketing strategy (i.e. pricing healthier foods and beverages at a lower cost)**
  - Boston Public Schools utilized competitive pricing strategies, ensuring that healthier snack foods as well as water, and fresh fruits were priced lower than unhealthy snack options in their dining facilities.  
[http://iphionline.org/pdf/TipSheet\\_5\\_Cafeteria.pdf](http://iphionline.org/pdf/TipSheet_5_Cafeteria.pdf)
- **Implement healthy eating learning opportunities such as nutrition education and other strategies that give residents knowledge and skills to help choose and consume healthier foods and beverages.**
  - The Cornell University Cooperative Extension's *Walkers for Wellness* program implemented hands-on nutrition education workshops and cooking classes to members of faith-based institutions.  
[https://www.jneb.org/article/S1499-4046\(12\)00142-X/pdf](https://www.jneb.org/article/S1499-4046(12)00142-X/pdf)

Healthier foods and beverages include fruits, vegetables, whole grains, low-fat or fat-free dairy, lean meats, beans, eggs, nuts, and items that are low in saturated fats, salt, and added sugars, and have no trans fats. Less-healthy foods and beverages include those with more added sugars, fats, and sodium.

### **Physical Activity Focus Area**

- Increase physical activity access and outreach.

*Strategies:*

- Create or enhance access to places for physical activity, with a focus on walking
  - The Surgeon General's *Step it Up! Call to Action for Walking and Walkable Communities Status Report* lists several community interventions for promoting walking, as well as best practices and toolkits to enhance access for physical activity.  
<https://www.cdc.gov/physicalactivity/walking/call-to-action/pdf/status-report.pdf>
  - Faithful Families Thriving Communities has a listing on their website of several different environmental policies that can enhance spaces for physical activity: <https://faithfulfamilies.com/tools-videos/policy-systems-environment-tools/#PhysicalActivity>
- Implement organizational physical activity policies, such as active/walking meetings, offering physical activity and/or active commuting as a covered benefit to employees, and offering free access to evidence-based physical activity programs
  - Flex-time policies within organizations can promote and encourage employees to incorporate more physical activity into their day. A flex-time policy enables employees to adjust their schedules by thirty minutes

(come in to work 30 minutes earlier, or leave 30 minutes later) to engage in physical activity.

- The Ohio Department of Health developed a toolkit to help employers implement active commuting initiatives in their worksites.  
<https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/creating-healthy-communities/2018/Ohio-Active-Commute-Worksite-Toolkit---PRINT-FINAL.pdf?la=en>
- **Implement physical activity intervention that provides participants with a combination of the following:**
  - Behavioral instruction in the form of counseling, group-based education, or web-based education. Active Living Every Day ([www.activeliving.info](http://www.activeliving.info)) is an example of an evidence-based behavior change program that addresses the root causes of inactivity and helps participants develop skills to become and stay physically active.
  - Interventions may also incorporate activity monitors/wireless-enabled wearable technology devices (i.e. pedometers/Fitbits that are used to provide regular feedback) and may include enhancements to support or promote physical activity.

### **Lifestyle Change Focus Area**

- Collaborate with clinics, hospital systems, and community-based organizations to increase referral, access and utilization of lifestyle change focused on weight loss or maintaining a healthy weight.

*Strategy:*

- **Implement screening and referral process to drive enrollment in locally available lifestyle change programs to include both in-person and virtual Diabetes Prevention Programs and Evidence-Based Physical Activity Programs**
  - The YMCA developed a guide for providers to refer patients into their Diabetes Prevention Program:  
<https://www.mssny.org/Documents/Enews/2015/January/Jan%202023/AM%20guide-to-refer-Medicare-patients-to-the-ymca-diabetes-prevention-program.pdf>
  - Insurers can incentivize beneficiaries who participate in lifestyle change programs through discounts and other rewards.



# APPLICATION REQUIREMENTS

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## A. Project Narrative (20 Page Limit)

### Project Summary and Need (up to 2 pages)

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 and challenges faced by the population they serve, and any barriers to achieving optimal health. In addition, applicants must describe in 2-3 sentences specifically how their application aligns with the intended purpose of the RFA. Applicants should succinctly describe how their proposed project will use a multi-component framework to address obesity prevention among targeted populations. Applicant must clearly identify the goal(s) of this project.

### Target Population (up to 1 page)

This section should provide an overview of the applicant's ability to engage District adults aged 18 and older who are overweight and/or at risk for diabetes or heart disease. In addition, applicants should be able to demonstrate ability to reach priority populations including women of child-bearing age, residents aged 45-54 years old, low-income residents, African American residents, and residents of Wards 7 and 8. Employers must also indicate the percentage of employees who are DC residents.

### Organization (up to 2 pages)

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 stakeholders to implement public health related programs and initiatives, and detail a scope of current health and wellness focused programs that are in place within their organization. Applicants should demonstrate the capacity of the organization to develop and implement outreach plans and explain any experience with engagement 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 project as proposed in the work plan.

### Project Description (up to 12 pages)

This section should provide a comprehensive description of all aspects of the proposed project. This section should detail how the program will be implemented. It should be succinct, easy to understand and well organized.

- Clearly identify the three (3) activities from the Scope of Services section that your organization plans to implement.
  - For each strategy, clearly describe how it will be implemented and how the strategies will be operationalized to achieve program goals, objectives, and outcomes.
  - For each strategy, describe the rationale for selecting the activity. Please include assessment of current needs and assets in the community.
- 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 2 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 attachments for this application will have required templates that the applications must use. The sections below will indicate which documents require the use of a template. These documents will not count towards the Project Narrative 20-page limit, however they will count towards the overall 50-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 2)

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.

### Staffing Plan

Provide an organizational chart and staffing plan that includes a minimum of one part-time outreach coordinator. Resumes/CVs and position descriptions of all proposed staff should be attached with this section.

### Project Budget and Justification (Attachment 4)

The application should include as Attachment 4 a project budget with justification using the single form\* provided. The project budget 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 (initiation and completion of dental care). The budget should reflect a 12-

month period. Costs charged to the award must be reasonable, allowable and allocable under this program. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the 12-month grant period.

\*Note: the electronic submission platform, Enterprise Grants Management System (EGMS), will require additional entry of budget line items and detail. This entry does not replace the required upload of a budget/justification using the required template.

**Budget Narrative:** The budget narrative/justification should include a full description of each of the following sections as listed below, as well as a total of all proposed costs.

***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:*** No equipment costs will be allowed in the first year of the grant.

***Travel:*** Only local travel related to outreach 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.

#### **Letters of Commitment (Attachment 5)**

Applicant should submit all letters of commitment from other agencies and organizations that will be actively engaged in the proposed project (*no template provided*).

## EVALUATION CRITERIA

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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 the importance of environments and systems that support healthy behaviors?
- Does the applicant well demonstrate an understanding of factors beyond nutrition and physical activity that contribute to the disproportionate occurrence of obesity and other chronic diseases among District residents?
- Does the applicant serve or employ a high proportion of District residents?
- Does the applicant serve or employ sub-populations disproportionately affected by overweight and/or obesity as described in the background and target population sections?
- 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 physical activity, nutrition, and lifestyle change programs and initiatives?
- Does the applicant identify a project lead?
- Has the applicant identified community partners to implement the proposed project?
- Does the applicant demonstrate the ability to collaborate with other vendors and/or community-based organizations to support the implementation of the proposed project?

Criterion 3: Strategic Framework (Corresponds to Section *Project Description*) - 30 points

- Do the proposed strategies align with best practices or evidence-informed interventions that have been successful in other jurisdictions?
- 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 to help tailor project strategies and track progress towards project goals?

- Does the applicant identify measurable indicators that align with the project goal?

## **REVIEW AND SCORING OF APPLICATION**

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### **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 tobacco control and smoking cessation, 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.

## APPLICATION PREPARATION & SUBMISSION

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### Application Package

Only one (1) application per organization will be accepted. The total size of the applicable attachments may not exceed the equivalent of **50 pages** when printed by DC Health.

### Application Package

The following attachments **are not** included in the 50-page limit:

- DC Health Application Profile (Appendix A); and
- 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 B): *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*)
- **Mandatory Certification Documents** (Scan and upload **ONE PDF** file containing all of the following business documents required for submission uploaded into EGMS):
  - i. A current business license, registration, or certificate to transact business in the District of Columbia.
  - ii. 501(c)(3) certification (for non-profit organizations)
  - iii. 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.
  - iv. Official list of Board of Directors for the current year and the position that each member holds on letterhead and signed by the authorized executive of the applicant organization; not the CEO.

The following applicable attachments **are** included in the 50-page limit:

- Project Narrative
- Project Abstract
- Work Plan – Attachment 2
- Staffing Plan
- Budget/Budget Justification - Attachment 4
- Letters of Commitment

**Note: Failure to submit ALL of the above attachments, including mandatory certifications, will result in a rejection of the application from the review process. The application will not qualify for review.**

### Uploading the Application

All applications submitted EGMS as 4 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 – Business Documents** 501 c 3, clean hands report, certificate of Good Standing (DCRA) signed board of directors letter, Medicaid certifications, current business license

**Attachment B – Proposal** project narrative, project abstract, work plan, staffing plan, Resumes/CVs, position descriptions, budget/budget justification, letters of commitment

**Attachment C – Other** DC Health application profile, table of contents, Assurances Certifications Disclosures (signed), other required documents

## Application Submission

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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](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: 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

Review the EGMS External User Recorded Webinar for information on the submission process and navigation of EGMS:

<https://dcnet.webex.com/dcnet/ldr.php?RCID=957d2b20dd173112ea7c2bb1025fcb33> (If you have trouble linking, try Google Chrome and not Internet Explorer)



## Deadline Is Firm:

Submit your application via EGMS by 6:00pm, on the deadline date of **Thursday, November 29, 2018**. Applications will not be accepted after the deadline.

## PRE-APPLICATION MEETING

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A Pre-Application Meeting will be held on **November 1, 2018 from 1:30pm to 3:00 pm at 899 North Capitol Street, NE, 3<sup>rd</sup> Floor Conference Room #306, 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.

## INTERNET

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Applicants who received this RFA via the Internet shall provide the information listed below to the District of Columbia, Department of Health, Office of Grants Monitoring & Program Evaluation by contacting [Brenda.Ramsey-Boone@dc.gov](mailto:Brenda.Ramsey-Boone@dc.gov). Please be sure to put "**RFA Contact Information**" in the subject box and to include:

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

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

## PRE-AWARD ASSURANCES & CERTIFICATIONS

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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 along with applications" and those "required to sign grant agreements."

### A. Assurances Required to Submit Applications (Pre-Application Assurances)

- 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 relevant jurisdiction

**B. Assurances required for signing 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.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker’s Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

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].

## **GRANTEE REQUIREMENTS**

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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 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, N.E., 3rd Floor  
Washington, DC 20002  
[brenda.ramsey-boone@dc.gov](mailto:brenda.ramsey-boone@dc.gov)

**Program Contact**

LaVerne Jones, MPH  
Program Coordinator  
Community Health Administration  
District of Columbia Department of Health  
899 North Capitol Street, NE, 3<sup>rd</sup> Floor  
Washington, DC 20002  
Email: [laverne.jones@dc.gov](mailto:laverne.jones@dc.gov)

## Template Attachments

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- Attachment 2 - Work Plan
- Attachment 4 – Budget/Budget Justification

**ATTACHMENT 2 - Work Plan**

**ATTACHMENT 4 – Budget and Budget Justification**

## APPENDICES

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- Appendix A – DC Health Application Profile
- Appendix B – Assurances, Certifications, and Disclosures



## APPENDIX A – DC HEALTH APPLICATION PROFILE

<b>RFA #:</b> CHA_MCOP 10.12.18 <b>Release Date:</b> 10-26-18 <b>Due Date:</b> 11-29-18		<b>RFA Title:</b>  <b>DC Health Administrative Unit:</b>  <b>Fund Authorization:</b>	<b>Multi-Component Obesity Prevention in Targeted Settings</b>  Community Health Administration (CHA)  301(A) and 317(K)(2) of the Public Health Service Act, 42 USC Section 241(A) and 247B(K)(2) as		
<input type="checkbox"/> <b>New Application</b> <input type="checkbox"/> <b>Supplemental</b> <input type="checkbox"/> <b>Competitive Continuation</b> <input type="checkbox"/> <b>Non-competitive Continuation</b>					
The following documents must be submitted to complete the Application Package (as per the RFA Guidance):					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>DC Health Application Profile and Table of Contents</li> <li>Assurances, Certifications and Certification Documents</li> <li>Project Narrative</li> <li>Project Abstract (Attachment 1)</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Work Plan (Attachment 2)</li> <li>Staffing Plan (Attachment 3)</li> <li>Budget and Budget Justification (Attachment 4)</li> <li>Letters of Commitment</li> </ul> </td> </tr> </table>				<ul style="list-style-type: none"> <li>DC Health Application Profile and Table of Contents</li> <li>Assurances, Certifications and Certification Documents</li> <li>Project Narrative</li> <li>Project Abstract (Attachment 1)</li> </ul>	<ul style="list-style-type: none"> <li>Work Plan (Attachment 2)</li> <li>Staffing Plan (Attachment 3)</li> <li>Budget and Budget Justification (Attachment 4)</li> <li>Letters of Commitment</li> </ul>
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<u>Complete the Sections Below. All information requested is mandatory.</u>					
<b>1. Applicant Profile:</b>		<b>2. Contact Information:</b>			
Legal Agency Name:		Agency Head:			
Street Address:		Telephone #:			
City/State/Zip		Email Address:			
Ward Location:					
Main Telephone #:		Project Manager:			
Main Fax #:		Telephone #:			
Vendor ID:		Email Address:			
DUNS No.:					
<b>3. Application Profile:</b>					
<b>Program Area:</b>		<b>Funding Request:</b>			
Multi-Component Obesity Prevention in Targeted Settings		\$			

**Proposal Description: 200 word limit**

## **APPENDIX B: ASSURANCES CERTIFICATIONS & DISCLOSURES**

### **APPLICANT / GRANTEE 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:**

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);

4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over \$100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.)
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
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;

18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
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

<p>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?</p>	<input type="checkbox"/> <b>YES</b>
<p>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.</p>	<input type="checkbox"/> <b>YES</b>
<p>C. Executive Compensation: For an award issued at \$25,000 or above, do Applicant/Grantee’s top five executives <u>do not receive</u> 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.</p>	<input type="checkbox"/> <b>YES</b>
<p>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? ____</p>	<input type="checkbox"/> <b>YES</b>
<p>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.</p>	<input type="checkbox"/> <b>YES</b>
	<input type="checkbox"/> <b>NO</b>

**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.

Date:

Sign:

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NAME: INSERT NAME            TITLE: INSERT TITLE  
AGENCY NAME: