PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT

Request for Applications –
RFA #CHA – PHBG050216
Date: May 02, 2016

Submission Deadline: June 02, 2016

The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH 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 DOH, 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 DOH terms of agreement.

TABLE OF CONTENTS

TABLE OF CONTENTS 3
RFA Terms and Conditions 5
NOTICE OF FUNDING AVAILABILITY 7
CHECKLIST APPLICATIONS 8
1. GENERAL INFORMATION 9
1.1. Key Dates 9
1.2. Overview 9
1.3. Source of Grant Funding 10
1.4. Amount of Funding Available 10
1.5. Performance and Funding Period 10
1.6. Eligible Organizations/Entities 10
2. BACKGROUND & PURPOSE 11
2.1. Background 11
2.2. Purpose 13
3. ADMINISTRATIVE REQUIREMENTS 15
3.1. Grant Uses 15
3.2. Conditions of Award 15
3.3. Indirect Cost 16
3.4. Insurance 16
3.5. Audits 16
3.6. Nondiscrimination in the Delivery of Services 16
3.7. Quality Assurance 16
4. PERFORMANCE REQUIREMENTS 18
4.1. Respiratory Disease 18
4.1.1. Priority Strategies 18
4.1.2. Priority Populations 19
4.1.3. Priority Setting 19
4.1.4. Priority Measures 19
5. APPLICATION SECTION: RESPIRATORY DISEASE 21
5.1.1. Program Overview 21
5.1.2. Background and Need 21
5.1.3. Organizational Capacity and Experience 21
5.1.4. Partnerships, Linkages, and Referrals 22
5.1.5. Project Description (Implementation Narrative) and Work Plan 22

5.1.6. Performance Monitoring and Evaluation 22
5.1.7. Budget and Budget Justification Narrative 23
6. EVALUATION CRITERIA 24
6.1. Background and Need (5 points) 24
6.2. Organizational Capacity and Experience (25 Points) 24
6.3. Partnerships, Linkages, and Referrals (15 Points) 24
6.4. Implementation Narrative and Work Plan (35 points) 25
6.5. Performance Monitoring and Evaluation (20 Points) 25
6.6. Budget and Budget Justification Narrative (Reviewed, but not scored) 26
7. APPLICATION SUBMISSION 27
7.1. Application Package 27
7.2. Pre-Application Conference 27
7.3. Internet 28
7.4. Assurances & Certifications 28
7.5. Format 29
7.6. Submission 30
Contact Information 30
8. APPLICATION REVIEW AND SELECTION INFORMATION 31
REVIEW AND SCORING OF APPLICATION 31
Technical Review 31
External Review Panel 31
Internal Review 31
9. ATTACHMENTS 32
9.1. Attachment A: Application Receipt 33
9.2. Attachment B: Application for Grant Funding 34
9.3. Attachment C: Work plan Template 2.0 35
9.4. Attachment D: Budget Format 37
9.5. Attachment E: Logic Model Example 40
9.6. Attachment F: Calculating Reach 41
9.7. Attachment G: Assurances and Certifications 42
9.8. Attachment H: Letters of Commitment 46
9.9. Attachment I: Definitions 47
10. REFERENCES 50

District of Columbia Department of Health
RFA Terms and Conditions

v06.2015

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

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.

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

- The RFA does not commit DOH to make any award.

- Individual persons are not eligible to apply or receive funding under any DOH RFA.

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

- DOH 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).

- DOH 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.

- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

- DOH 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.

- 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.

- DOH 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 DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

- DOH shall 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.

- 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.

- DOH 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, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH 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.

- 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 **DOH 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 DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

NOTICE OF FUNDING AVAILABILITY

Request for Applications # CHA_PHBG050216

District of Columbia Department of Health
Community Health Administration

FY 2016 Preventive Health and Health Services Block Grant

The Government of the District of Columbia, Department of Health (DOH) Community Health Administration (CHA) is soliciting applications to provide innovative services utilizing the Preventive Health and Health Services Block Grant (PHHSBG) funding to improve chronic disease outcomes. The program will address education and awareness of respiratory disease among District of Columbia residents.

This funding is provided through a grant (B01DP009009) received from the Centers for Disease Control and Prevention (CDC) pursuant to the authority of Department of Health and Human Services, Public Health Services, and Centers for Disease Control and Prevention, Title XIX, Section 1901, PHS Act as amended.

In FY 2016, approximately $200,000 in funding is expected to be available for one (1) award. The resulting grant award is projected to begin Monday, July 18, 2016.

The following entities are eligible to apply for grant funds under this RFA: not-for profit, public and private organizations located in and licensed to conduct business within the District of Columbia.

The release date for RFA # CHA_PHBG050216 will be available Monday, May 02, 2016 on the DC Grants Clearinghouse website http://opgs.dc.gov/page/opgs-district-grants-clearinghouse. A **limited number of copies will also be available** at the Department of Health Community Health Administration, 899 North Capitol Street NE, Washington, DC on the 3rd floor.

The Request for Application (RFA#CHA_PHBG050216) submission deadline is 4:00 pm, Thursday, June 2, 2016. The Pre-Application Conference will be held at the District of Columbia Department of Health 899 North Capitol St., NE, 3rd Floor Conference Room, 306, Washington, DC 20002 on Monday, May 16, 2016 from 1:00p.m. to 3:00p.m.

Applicants are encouraged to e-mail their questions to sherry.billings@dc.gov prior to the Pre-Application Conference date of 05/16/2016. For assistance, contact Sherry Billings at (202) 442-9173.

CHECKLIST APPLICATIONS

- ☐ The applicant has completed a DOH Application for Grant Funding and affixed it to the front of the Application Package, which includes an applicant profile, proposal summary/abstract, contact information, and all assurance and certification documents)
- ☐ The complete **Application Package** should contain the following:
  - ✓ DOH Application for Grant Funding
  - ✓ Project Narrative
  - ✓ Project Work plan
  - ✓ Project Budget & Justification
  - ✓ Package of Assurances and Certification Documents
  - ✓ Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)
- ☐ Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization
- ☐ The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- ☐ The Project Narrative is printed on 8½ by 11-inch paper, **double-spaced**, on one side, **Arial or Times New Roman font using the 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
- ☐ The application proposal format conforms to the "Application Elements" listed in the RFA.
- ☐ The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The Proposed Work plan is complete and complies with the forms and format provided in the RFA
- ☐ The Applicant is submitting one (1) marked original and three (3) hard copies.
- ☐ The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- ☐ The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than 4:00 p.m., on the deadline date of **Thursday, June 2, 2016.**

1. GENERAL INFORMATION

1.1. Key Dates

- Notice of Funding Announcement: April 22, 2016
- Request for Application Release Date: May 02, 2016
- Pre-Application Meeting Date: May 16, 2016
- Application Submission Deadline: June 2, 2016
- Anticipated Award Start Date: July 18, 2016

1.2. Overview

The District of Columbia, Department of Health (DOH), Community Health Administration (CHA) administers the Centers for Disease Control and Prevention (CDC) Preventive Health and Health Services Block Grant (PHHSBG). The PHHSBG funds are used for programs aimed at improving the health of District residents. Funds have been used to provide support when no other sources of funding exist, provide start-up dollars for community health programs, provide supplemental support for categorical funding of state health programs and provide funds for rapid response to unexpected health threats.

Funds are distributed in accordance with statutory requirements detailed in Part A, Title XIX, of the Public Health Services Act. The CHA programs are designed to promote health and beneficial health practices, reduce morbidity and mortality and to promote a healthy environment for the District of Columbia residents and visitors. Priority areas are established based on CHA goals and objectives, health status, risk reduction objectives, testimony from a public hearing and input from the PHHSBG Advisory Committee. The State's annual work plan submitted to CDC is based on National Healthy People 2020 objectives.

Public Law 102-531 mandates the establishment of a Public Advisory Committee to make recommendations on the development and implementation of PHHSBG funded programs. The PHHSBG Advisory Committee is made up of health care professionals and representatives of private and community organizations, who have a vital and constructive role in preventive health programs. Specific program models and interventions, as well as sub-target populations and program venues outlined in this RFA, reflect the prioritization process conducted by the PHHSBG Advisory Committee in collaboration with CHA.

1.3. Source of Grant Funding

The grants are made available through the Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention, Notice of Block Grant Award (2B01DP009009-13, CDFA 93.991) Authorization (Legislation/Regulation), Title XIX, Section 1901, PHS Act as Amended.

1.4. Amount of Funding Available

The following health priority area has been identified for funding under this Request for Applications to implement the following proposed projects:

PROGRAM AREA	TOTAL AMOUNT AVAILABLE	APPROXIMATE NUMBER OF AWARDS
Respiratory Disease	$200,000	One Award

1.5. Performance and Funding Period

The anticipated performance and funding period is July 18, 2016 – September 30, 2017, with two budget periods. The first budget period is prorated to approximately 2.5 months ending September 30, 2016. The subsequent budget period will be for 12 months, beginning October 1, 2016. Award amounts and continued funding are contingent upon availability of funds and grantee performance.

No obligation or commitment of funds will be allowed beyond the grant period of performance. Grant awards are made annually and contingent on demonstrated progress by the recipient in achieving performance objectives, and continued availability of funds. CHA reserves the right to make partial awards (i.e. partial funding and/or proposed services).

1.6. Eligible Organizations/Entities

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

- Not-for-profit, public and private organizations providing health services for residents of the District of Columbia. Private non-profit organizations and for-profit organizations.

2. BACKGROUND & PURPOSE

2.1. 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 672,288. This represents an increase in population of 11.7 percent since decennial census 2010 (601,723).[1] Overall, the District's racial distribution of the population is forty-nine percent African-American, forty-three percent white, four percent Asian. Hispanics of any race make-up more than ten percent of the population. Almost twelve percent of the population is 65 years or older, while approximately eighteen percent of the population is seventeen years or younger.[2]

Geographically, the District is divided into four (4) quadrants (northeast, northwest, southeast and southwest) and eight (8) electoral wards. Located in the southeast quadrant of the city, Wards 7 and 8 are more than ninety-.three percent African-American, while Wards 3 and 2 have the largest proportion of whites with eighty two and seventy five percent, respectively. The wards with the largest proportion of Hispanics of any race are Ward 4 with nineteen percent and Ward 1 with twenty-one percent.[3] The wards are evenly divided regarding population size. However, they are extremely divergent relative to socio-economic status, health and wellness and chronic disease prevalence rates.

In 2013, Chronic Lower Respiratory Disease (CLRD), including asthma and chronic obstructive pulmonary disease (COPD), was the third leading cause of death (149, 205 deaths) in the United States and the fifth leading cause of death in the District of Columbia.[4] Mortality rates for the top two leading causes of death, cardiovascular diseases (CVD) and cancer, continue to fall while deaths from CLRD continue to rise. In a comparison of District wards, deaths due to CLRD were highest in Wards 7, 4 and 3 in 2012. (See Table 1)[5]

Table1: Leading Causes of Death in the District of Columbia, 2012

Cause of Death		DC	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Total Deaths	Number	4,648	366	269	429	712	889	561	747	645
	Rate per 100,000	735.1	482.8	358.1	534	926.5	1,178.00	709.1	1,098.00	859.9
Heart Disease	Number	1,296	101	64	104	178	273	162	209	195
	Rate per 100,000	205	133.2	85.2	129.4	231.6	361.7	204.8	307.2	260
Cancer	Number	1,081	87	76	111	182	197	127	152	146
	Rate per 100,000	171	114.8	101.2	138.2	236.8	261	160.5	223.4	194.6
Stroke	Number	206	19	13	19	33	35	30	32	23
	Rate per 100,000	32.6	25.1	17.3	23.6	42.9	46.4	37.9	47	30.7
Accidents	Number	193	14	13	21	33	30	26	29	26
	Rate per 100,000	30.5	18.5	17.3	26.1	42.9	39.8	32.9	42.6	34.7
Diabetes	Number	144	8	5	1	26	27	15	28	32
	Rate per 100,000	22.8	10.6	6.7	1.2	33.8	35.8	19	41.2	42.7
Chronic Lower Respiratory Disease	Number	139	11	6	21	26	15	19	28	13
	Rate per 100,000	22	14.5	8	26.1	33.8	19.9	24	41.2	17.3
Alzheimer's Disease	Number	129	4	6	30	32	31	11	11	4
	Rate per 100,000	20.4	5.3	8	37.3	41.6	41.1	13.9	16.2	5.3
HIV/AIDS	Number	96	12	7	2	7	16	11	21	20
	Rate per 100,000	15.2	15.8	9.3	2.5	9.1	21.2	13.9	30.9	26.7
Homicide/Assault	Number	84	7	1	0	2	11	8	27	28
	Rate per 100,000	13.3	9.2	1.3	0	2.6	14.6	10.1	39.7	37.3
Influenza & Pneumonia	Number	76	5	5	7	5	17	11	16	10
	Rate per 100,000	12	6.6	6.7	8.7	6.5	22.5	13.9	23.5	13.3

DC DOH Behavioral Risk Factor Surveillance Survey, 2013Annual Health Report[5]

According to the American College of Chest Physicians (CHEST), the national medical costs attributable to COPD were estimated at $32.1 billion dollars annually in 2010. Absenteeism costs were $3.9 billion for a total burden of $36 billion in COPD-attributable costs and an estimated 16.4 million days of work were lost each year.[6] Meanwhile, between 2002 and 2007, the average annual direct health care cost of asthma was approximately $50.1 billion; indirect costs $5.9 billion, for a total of $56.0 billion dollars. Assuming these rates stayed stable, the US would have spent an estimated $105.9 billion on CLRD. In the District, the average annual smoking-attributable productivity losses for the period 1997-2001 and smoking–attributable expenditures in 2008 were estimated to be $219,192,000 and $190,000,000, respectively.[7]

Asthma and chronic obstructive pulmonary disease (COPD) are respiratory illnesses that present a significant public health burden. Asthma causes significant morbidity and mortality, particularly in children, working-aged and older adults. If asthma is not well managed it can limit everyday activity, as well as impact work and school attendance. Asthma exacerbations can result in hospitalization and death.

Over 24 million people have asthma in the United States and the number of people being diagnosed with asthma is increasing.[8] Asthma is estimated to cost more than $56 billion dollars in both direct medical costs and indirect costs due to lost work productivity or school attendance.[9] Asthma has a significant impact on the health of District of Columbia residents. The rates of asthma in teens and adults in the District surpass national averages with 11.9% of adults and 13.4% of children currently affected. Rates are highest in Wards 1, 7 and 8 with 17.2%, 21.7% and 21.6% of adults, respectively, having a diagnosis of asthma. [10]

Asthma rates and symptoms are greatly affected by environmental and economic factors. Increased motor vehicle traffic, smog and industrial byproducts influence outdoor air quality and can influence the development and exacerbation of asthma. Mold, inadequate ventilation, dust and cigarette smoke can affect indoor air quality and worsen asthma symptoms. Reduced access to health care and poverty worsen overall asthma control and increase hospitalization.

In 2013, the national prevalence rate of COPD was approaching seven percent and the District's rate was approximately six percent. African-American residents experience disproportionately higher COPD prevalence in the District (8.7%) as compared to their white counterparts (3.1%). This disparity in COPD prevalence is not observed nationally; in contrast, the white non-Hispanic population has a slightly higher prevalence than the national COPD prevalence rate. [5]

2.2. Purpose

The District of Columbia, Department of Health (DOH) PHHSBG is soliciting applications from qualified organizations located and licensed to conduct business within the District of Columbia to use appropriate local epidemiologic data to develop and implement strategies to improve respiratory health of District residents. Activities in the proposed application should directly relate to the Healthy People 2020, a comprehensive set of national goals and objective for improving the health of all Americans. The respiratory disease goal of the Healthy People 2020 is to "promote respiratory health through better prevention, detection, treatment and education efforts." The results of the proposed program must align with the related Healthy People 2020 objectives. The District of Columbia Healthy People 2020

objectives and targets for asthma are closely aligned to the national targets and will be released in the summer of 2016.

3. ADMINISTRATIVE REQUIREMENTS

3.1. 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 DOH to ensure compliance with the approved budget and work plan.

3.2. Conditions of Award

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

- Collaborate with at least two partners in the execution of the life of the award to increase the reach of program goals, objectives, activities and successful outcomes in the District of Columbia.
- Active participation of the grantees in the District of Columbia Chronic Disease Citywide Collaborative sponsored training, workshops, or meetings are required and essential to the implementation of the program.
- Active participation of the grantees in the District of Columbia Department of Health sponsored training, workshops, or technical assistance meetings are required.
- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre-award negations with assigned DOH project and grants management personnel.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Director of the Department of Health and accepted by the grantee organization. The grant agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
- Utilize Performance Monitoring & Reporting tools developed and approved by DOH.
- Utilize five to ten percent of the budget towards a program evaluator. The evaluator will be responsible for assessing the impact of the program in meeting the goals, objectives, performance measures and outcomes of the program.

3.3. 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.

3.4. Insurance

Applicant receiving this award under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

3.5. Audits

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

3.6. 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 Preventive Health and Health Services Block Grant funds under this RFA.

3.7. Quality Assurance

DOH will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the grantee. Grantee will submit an interim and final report on progress, successes and barriers.

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. The program shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.

A final performance report shall be completed by the Department of Health and provided and held for record and use by DOH in making additional funding or future funding available to the

applicant. All performance reports are subject to review and oversight by the DOH Office of Grants Management.

4. PERFORMANCE REQUIREMENTS

4.1. Respiratory Disease

4.1.1. Priority Strategies

Applicants shall design and implement a program utilizing the following strategies:

Community Approaches:

(1) Reduce exposure to multiple indoor asthma triggers through home-based multi-trigger, multicomponent interventions;

(2) Provide general asthma and asthma self-management education that promote and reinforce healthful behaviors including trigger avoidance, regular visits to health care providers, development of a health management plan and medication compliance;

(3) Provide general COPD and COPD self-management education that promote and reinforce healthful behaviors including regular visits to health care providers and medication compliance;

(4) Provide education on asthma-COPD overlap syndrome to persons living with asthma and/or COPD.

Clinical Approaches:

(1) Provide training and education on evidenced-based CLRD management to health care providers serving adolescents, working-aged adults and older adults to ensure adherence to standardized care guidelines;

(2) Facilitate coordinated health care with primary care providers for persons with CLRD including asthma and COPD.

Applicants are required to implement two or more of the above strategies. All programs should include collection of relevant data to assess impact on key indicators. Examples include, but are not limited to, number of days missed from school or work; number of emergency department visits; number of hospitalizations; number of health care provider visits; number of prescription refills, etc. Programs should also incorporate collaboration with existing public, private, academic, clinical and/or community partners.

4.1.2. Priority Populations

Applicants are required to focus on Wards 1, 4, 5, 7 and/or 8 including, but not limited to:

- Teens (Ages 13-18)
- Young Adults (Ages 19 –24)
- Adults (25 - 64)
- Older Adults (65 and older

Applicants may target any population, priority group or a combination.

4.1.3. Priority Setting

Services may be provided in the following settings:

- Workplace settings;
- Community-based settings including recreation centers;
- Senior housing/ senior community centers; or
- DC Public and Public Charter Schools.

4.1.4. Priority Measures

Applicants shall select a minimum of three of the following priority measures to track program impact.

At least two of the following National Healthy People 2020 Health Indicators are required to be selected.

- Reduce hospitalizations for asthma (RD-1, 2)
- Reduce emergency department visits for asthma (RD-3)
- Reduce the proportion of persons with asthma who miss school or work days (RD-5)
- Increase the proportion of persons with current asthma who receive formal patient education (RD-6)
- Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines (RD-7)
- Reduce the early initiation of the use of tobacco products among children and adolescents in grades 9 to 12)
- Reduce activity limitations among adults with COPD (RD-9)

- Reduce hospitalizations for COPD (RD-11)
- Reduce emergency department (ED) visits for COPD (RD-12)

For information on evidenced-based strategies for interventions please see the following reference websites:

- Centers for Disease Control and Prevention Asthma Interventions. http://www.cdc.gov/asthma/ interventions.htm
- NIH. Facts About Controlling Your Asthma (1997): http://www.nhlbi.nih.gov/health/public/lung/ asthma/asth_fs.htm.
- NIH. National Institutes of Health, National Heart, Lung and Blood Institute. National Asthma Education and Prevention Program Expert Panel Report 2: "Guidelines for the Diagnosis and Management of Asthma (1997): http://www.nhlbi.nih.gov/guidelines/.
- CDC. Asthma prevalence, health care use and mortality, 2000-2001. http://www.cdc.gov/nchs/products/pubs/pubd/hestats /asthma/asthma.htm.
- Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/global-initiative-chronic-obstructive-lung-disease
- Chronic Obstructive Pulmonary Disease: Screening – Adults, Using Spirometry (Clinical Guide Recommendation). https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/chronic-obstructive-pulmonary-disease-screening-%E2%80%93

5. APPLICATION SECTION: RESPIRATORY DISEASE

Applicant will provide the following:

5.1.1. Program Overview

- Provide an overview of the grantee responsibilities and program activities.
- Provide an overview of the target population and setting for the proposed program.

5.1.2. Background and Need

- Describe the (target) population to be served, including population size and demographics, such as age, race/ethnicity, income level and educational attainment.
- Describe the relevant health and wellness assets and needs within the selected program setting or community. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population related to chronic lower respiratory disease.

5.1.3. Organizational Capacity and Experience

- Describe the applicant's experience serving the target population(s).
- Describe current capacity to support the activities identified in the recipient activities.
- Describe program staff (existing and proposed) qualifications and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected timeline for recruitment and hiring. Staffing plan should include type and number of FTEs. CVs, resumes, position descriptions and organizational charts may be submitted as appendices.
- Describe the applicant's experience implementing evidenced-based or evidenced informed programs to reduce chronic disease burden and improve health outcomes.
- Describe past policy, environmental, programmatic and infrastructure successes related to improving community health outcomes, including lessons learned.
- Describe the organization's experience with data collection, tracking and analyzing health outcomes.
- Describe the applicant's experiences with and ability to implement continuous quality improvement (CQI) activities for public health programs.

5.1.4. Partnerships, Linkages, and Referrals

- Describe past successes working collaboratively with agencies and organizations in public health and other sectors to advance a public health goal and achieve improved community health outcomes.
- Describe plans for establishing a new or engaging an existing, cross-sector network of partners in support of the proposed program. Where applicable, letters of commitment and support from agencies and organizations should be submitted as appendices.
- Explain the process for tracking outcomes for referrals and linkages health services, social services and other community resources.

5.1.5. Project Description (Implementation Narrative) and Work Plan

- Describe selected strategies/interventions and how they will be implemented to achieve program goals, objectives and outcome measures.
- Outline the reasoning for selecting the proposed objectives and activities, including an assessment of the current needs and assets in the community and indicate plans for sustainability and leveraging resources. Describe how objectives will maximize public health impact of PHHSBG funding, including strength of proposed policy, environmental, programmatic and infrastructure strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced or contribution of innovative approaches to achieve evidence base practices.
- Include a Work Plan that includes all of the elements found in the work plan example provided in Attachment A. The work plan should propose Process and Outcome Objectives; identify selected activities; describe key milestones/indicators and timelines; estimate reach; identify lead individuals or organizations and data sources for performance monitoring. Objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed). [Include your Work Plan as Attachment A.]
- Describe how and what data will be collected to assess program impact. (See Section 4.1.1)

5.1.6. Performance Monitoring and Evaluation

- Describe the evaluation framework that will be used to follow program outcomes, objectively measuring the effectiveness of the proposed program. Evaluation plans should follow an established scientific framework, such as the Centers for Disease Control's Framework for Program Evaluation for Public Health Programs or the Reach Effectiveness Adoption

Implementation Maintenance (RE-AIM) framework. Evaluation plans should include logic models and specific process and outcome measures.

- Describe target population health outcomes that may be achieved during the program period.
- Describe plans and methods for collecting data on the selected outcome measures cited in the evaluation framework.
- Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, for example, through satisfaction surveys, board and committee memberships, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.
- Describe plans to disseminate products about the successes, lessons learned, and results of the project (i.e. poster for poster session, journal article, white paper, or conference abstract/presentation).
- Describe how the program will utilize an evaluator with experience in conducting comprehensive public health program evaluation activities including data collection, analysis and reporting.

5.1.7. Budget and Budget Justification Narrative

Include the budget and budget justification narrative as separate attachments, not to be counted in the narrative page limit. The line item budget and budget narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes, and milestones in the program. Ensure that 10% of direct funding is allocated to support the acquisition of an experienced public health evaluator.

6. EVALUATION CRITERIA

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

6.1. Background and Need (5 points)

- Does the applicant demonstrate a clear understanding of the size and demographics of the proposed target population?
- Does the applicant demonstrate a clear understanding of the needs, gaps, and issues affecting the selected population(s) and document a clear need for the proposed program interventions?

6.2. Organizational Capacity and Experience (25 Points)

- Does the applicant demonstrate experience in serving the population(s) with high burden of chronic disease and related risk factors?
- Does the applicant demonstrate the infrastructure to support the program activities?
- Does the applicant provide a staffing plan that fulfills the requirements of the proposed program? Has the applicant included key personnel, position descriptions with qualifications, and a staff recruitment plan consistent with the applicant's ability to carry out proposed activities?
- Does the applicant demonstrate experience with implementing evidence-based or –informed public health programs?
- Does the applicant demonstrate a track record of improving community health outcomes (including past program evaluations) through policy, environmental, programmatic and infrastructure strategies?
- Does the applicant demonstrate experience with data collection, tracking and analyzing health outcomes as well as conducting CQI?
- Does the applicant describe an accounting structure that demonstrates the ability to maintain effective internal controls and to provide accurate and complete financial information related to this program?

6.3. Partnerships, Linkages, and Referrals (15 Points)

- Does the applicant demonstrate past successes working collaboratively with agencies and organizations in public health and other sectors (ex. transportation, education, health care delivery, etc.) to advance a public health goal and achieve improved community health outcomes?

- Does the applicant describe plans to engage cross-sector partners in support of the proposed program?
- Are appropriate letters of support included, clearly outlining a commitment to proposed activities?

6.4. Implementation Narrative and Work Plan (35 points)

- Does the applicant's proposed plan describe a cohesive set of strategies/activities that align with program goals, objectives and outcomes and address the community's needs? Is the proposed program based on known evidenced-based or –informed strategies?
- Do the proposed strategies well align with Healthy People 2020 priority measures?
- Does the proposed program aim to maximize public health impact of PHHSBG funding (as determined by the strength of proposed policy, environmental, programmatic and infrastructure strategies; degree to which health disparities may be reduced; or contribution to innovative approaches)?
- Does the applicant demonstrate the ability to effectively engage the targeted population(s) or community, including use of culturally and age appropriate strategies?
- Does the implementation plan contain an annual work plan, including SMART process objectives?
- Does the applicant describe how data related to selected process measures will be collected?
- Does the applicant clearly describe strategies to incorporate CQI?
- Does the applicant demonstrate how funding will support strategies that align with the goals of the initiative?
- Does the applicant include a viable sustainability plan?

6.5. Performance Monitoring and Evaluation (20 Points)

- Does the evaluation plan follow a standard scientific framework and include logic models? (Evaluation plans must consider actual outcomes achieved against outcomes projected in the logic model and must include a copy of the measurement tool (e.g., pre/posttest, etc.) used to measure the achievement of the outcome).
- Does the applicant clearly describe program outcomes that meaningfully and objectively assess changes in the health of the target population?
- Does the applicant clearly demonstrate how consumers/community members feedback will be integrated into program evaluation?
- Does the applicant clearly describe how an experienced public health evaluator will be utilized?

- Using your Program Logic Model: evaluation reports must consider actual outcomes achieved against outcomes projected in the logic model and must include a copy of the measurement tool (e.g., pre/posttest, etc.) used to measure the achievement of the outcome. Prior approval is required for any modifications to program and/or indicators and/or projected level of achievement for future reporting periods based on the findings of the evaluation.

6.6. Budget and Budget Justification Narrative (Reviewed, but not scored)

- Is the itemized budget and the justification reasonable and consistent with stated objectives and planned program activities?
- Is a program evaluator for the project included on the budget

7. APPLICATION SUBMISSION

7.1. Application Package

Only one (1) application per organization will be accepted for the Program Focus Area. Multiple applications for a single Program Area submitted by one organization will be deemed ineligible and not forwarded to the external review panel.

A Complete Application Package shall be organized in the following order:

1. APPLICATION RECEIPT (Attachment A)
2. A DOH APPLICATION FOR GRANT FUNDING (Attachment B)
3. APPLICATION COMPONENTS
   - 3.1. Executive Summary
   - 3.2. Background & Need
   - 3.3. Organizational Capacity and Experience
   - 3.4. Partnership, Linkages and Referrals Description
   - 3.5. Project Description
   - 3.6. Performance Monitoring & Evaluation
4. ADDITIONAL ATTACHMENTS
   - 4.1. Work Plan (Attachment C - Required Template)
   - 4.2. Budget (Attachment D - Required Template – Not Scored)
   - 4.3. Logic Model (Attachment E – Sample)
   - 4.4. Calculating Reach (Attachment F – Definition/Sample)
   - 4.5. Assurances & Certifications (Attachment G)
   - 4.6. Letters of Commitment (Attachment H)
   - 4.7. Position Descriptions (CVs/Resumes) (Attachment I)
   - 4.8. Definitions (Attachment J)
   - 4.9. References (Attachment K)

7.2. Pre-Application Conference

A Pre-Application Conference will be held **Monday, May 16, 2016.** The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment, and technical assistance.

The Pre-Application conference will be held at the District of Columbia Department of Health located at 899 North Capitol Street, NE, 3rd Floor Conference Room 306, and Washington, DC 20002.

7.3. Internet

Applicants that received the RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting bryan.cheseman@dc.gov. Please be sure to put "**RFA Contact Information**" in the subject box.

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

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

7.4. Assurances & Certifications

DOH requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package. The assurance package must be submitted along with the application. Only ONE package is required per submission.

DOH classifies the assurances packages into two types: those "required to be submitted along with applications (A)" and those "required to sign grant agreements (B)". Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements.

If the applicant does not have current versions of the documents listed below on file with DOH, they must be submitted with the application.

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

- Current Certification of Clean Hands from the Office of Tax and Revenue
- 501 (c) 3 Certification or Articles of Incorporation
- List of Board of Directors on letterhead, for the current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction
- Assurances, Certifications & Disclosures (Attachment G)

B. **Assurances required for signing the grant agreement for funding awarded through the RFA (Post Award Assurances)**

- 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

7.5. Format

Prepare application according to the following format:

- Font size: Times New Roman or Arial 12-point unreduced
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way
- Page limit: 80 pages including all attachments

7.6. Submission

Submit one (1) original hard copy along with three (3) additional hard copies to the Community Health Administration by **Thursday, June 02, 2016**. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health
Community Health Administration
899 North Capitol Street, N.E.
3rd Floor Conference Room 306
Washington, DC 20002

Contact Information

Grants Management

Mr. Bryan Cheseman
Deputy Director of Operations
DC Department of Health
Community Health Administration
District of Columbia Government
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
Office: 202.442.9339
Email: bryan.cheseman@dc.gov

Program Contact

Ms. Sherry Billings
Program Director
Preventive Health and Health Services Block Grant
DC Department of Health
Community Health Administration
District of Columbia Government
899 North Capitol Street, N.E., 3rd Floor
Washington, DC 20002
Office: 202.442.9173
Email: Sherry.billings@dc.gov

8. APPLICATION REVIEW AND SELECTION INFORMATION

REVIEW AND SCORING OF APPLICATION

Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH 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 human services, public health nutrition, 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

DOH 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. DOH 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, DOH 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 DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

9. ATTACHMENTS

A. Application Receipt

B. DOH Application for Grant Funding

C. Work Plan Template

D. Budget Format and Guidance

E. Logic Model Example

F. Calculating Reach

G. Assurances & Certifications

H. Letters of Commitment

I. Position Descriptions (CVs/Resumes)

J. Definitions

K. References

9.1. Attachment A: Application Receipt

Application Receipt for RFA# CHA_PHBG050216

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

The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to RFA# CHA_PHBG050216.

The application package has been submitted by an authorized representative for the following organization:

_____
(Applicant Organization Name)

_____
(Address, City, State, Zip Code)

_____ _____ _____
(Telephone) (Fax) (E-mail Address)

Submitted by: _____ _____

(Contact Name/Please Print Clearly) (Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: _____
2. Amount Requested: _____
3. Program / Service Area for which funds are requested in the attached application: *(check one)*
   - [} Focus Area A: Nutrition, Weight, and Physical Activity
   - [ ] Focus Area B: Oral Health
   - [ ] Focus Area C: ASTHMA (Respiratory Disease)

ORIGINAL APPLICATION PACKAGE AND _____ (NO.) OF COPIES	Date Stamp
Received on this date: _____ /_____ __/ 2016	
Time Received: _____	
Received by: _____ Tracking # _____	

District of Columbia Department of Health Use Only

9.2. Attachment B: Application for Grant Funding

Department of Health District of Columbia
Application for Grant Funding

RFA #PHBG050216	**RFA Title:**	
Release Date: 05/02/16	**DOH Administrative Unit:**	Community Health Administration
Due Date: 06/02/16	**Fund Authorization:**	Pursuant to terms of CDC NOA# B01OT009009

☒ **New Application** ☐ Supplemental ☐ Competitive Continuation ☐ Non-competitive Continuation

The following documents should be submitted to complete the Application Package:

- DOH Application for Grant Funding (inclusive of DOH & Federal Assurances & Certifications)
- Project Narrative (as per the RFA Guidance)
- Project Work Plan (per the RFA Guidance)
- Budget and Narrative Justification
- All Required attachments
- An Assurance and Certification Package

Complete the Sections Below. All information requested is mandatory.

1. Applicant Profile:		**2. Contact Information:**	
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.:			

3. Application Profile:

	Program Area:	**Funding Request:**
Select One Only:	[ ] Nutrition, Weight, and Physical Activity	
	[ ] Oral Health	
	[ ] ASTHMA (Respiratory Disease)	

Proposal Description: 200-word limit

Enter Name & Title of Authorized Representative Date

9.3. Attachment C: Work plan Template 2.0

Applicant Organization		DOH RFA#	**PHBG0502216**
Contact Person:		*RFA Title:*	
Telephone:		Project Title:	
Email Address:		Total Request $:	
Estimated Reach:		Cost Per Beneficiary:	Page 1 of _____

PROPOSED WORK PLAN*

SMART GOAL 1: Insert in this space one proposed project goal. *Proceed to outline administrative and project objectives, activities and targeted dates in the spaces below.*

Identify key persons and roles.

Measurable Objectives/Activities:

Objective #1.1:

Key Indicator(s):

Key Partners:

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

Objective #1.2:

Key Indicator(s):

Key Partners:

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

Objective #1.3:

Key Indicator(s):

Key Partners:

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

Continue with this format to outline additional goals and related process objectives.

9.4. Attachment D: Budget Format

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

The following is a sample format to complete you budget narrative

A. Salaries and Wages **Total: $**

Name	Position Title	Annual Salary	Time	Months	Amount Requested

Position Descriptions/Justifications:

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

B. Fringe Benefits **Total: $**

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

C. Consultants/Contracts **Total: $**

Contractor #1		**$**
Name of Contractor		
Method of Selection (check appropriate box)	Sole Source*	Competitive

***If Sole Source -** include an explanation as to why this institution is the only one able to perform contract services		
Period of Performance	Start Date of Contract	End Date of Contract
Scope of Work Written as outcome measures Specify deliverables Relate to program objectives/activities		
Method of Accountability (describe how the contract will be monitored)		
Budget		

D. Equipment Total: $

E. Supplies Total: $

General office supplies (pens, paper, etc.)
(12 months x $300/year x 2 staff)

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

F. Travel Total: $

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

G. Other Total: $

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

H. Total Direct Cost Total: $

Salary and Wages	

Fringe	
Contracts	
Equipment	
Supplies	
Travel	
Other	
Total Direct	

I. Total Indirect Cost

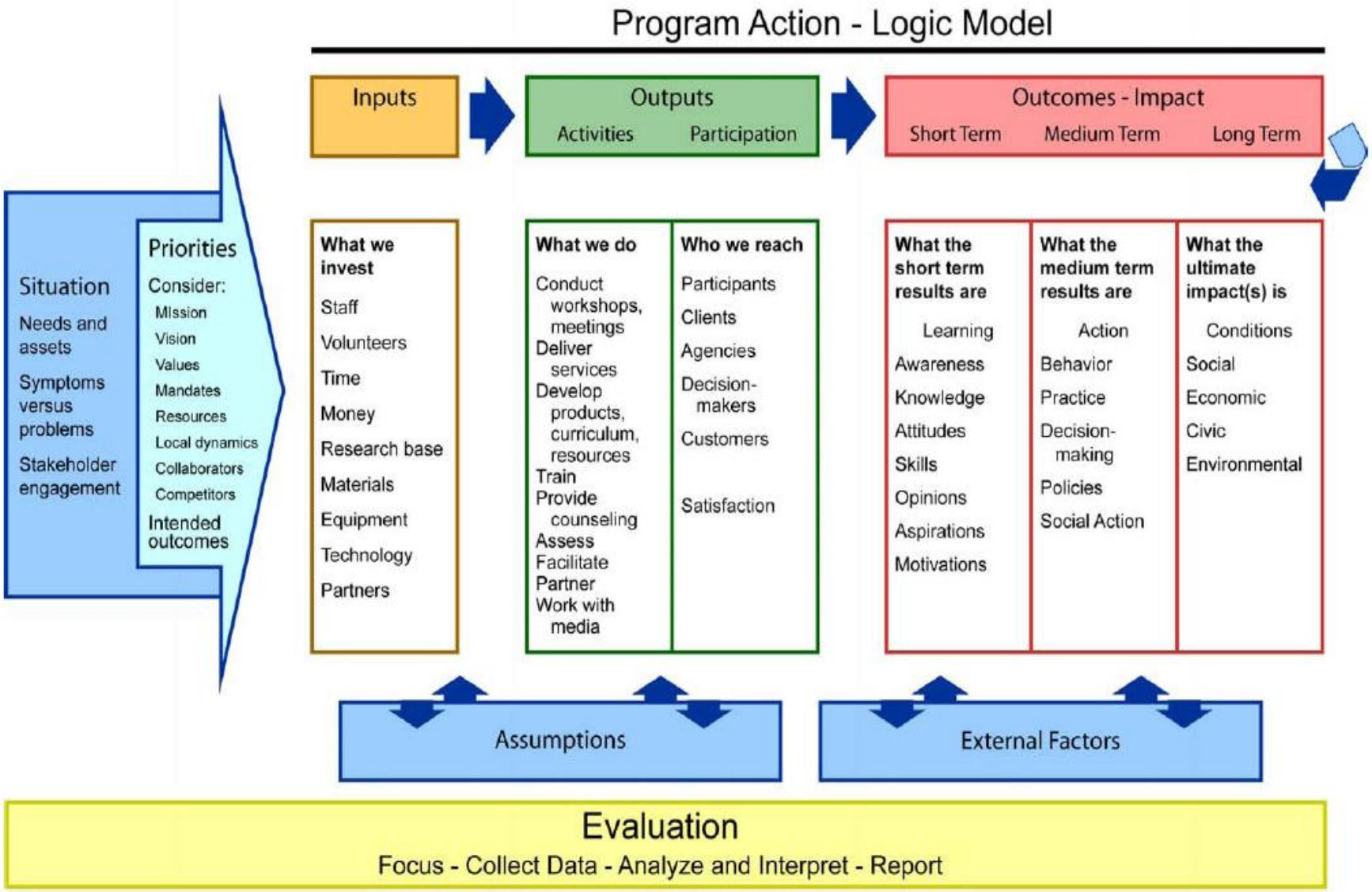
Total: $

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

J. Total Financial Request Summary

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

9.5. Attachment E: Logic Model Example



Reference: University of Wisconsin, Program Development and Evaluation. Retrieved on March 28, 2016 from http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html

9.6. Attachment F: Calculating Reach

What is Reach?

Estimated number of unique individuals exposed to the PHHSBG program interventions

Why do we need to Measure the Reach of our Interventions?

- Assure and quantify we have the greatest impact
- Used to monitor PHHSBG performance by CDC Director
- Used to meet CDC reporting requirements for HHS
- Used in Congressional Budget Justification
- Used to inform evaluators, awardees, partners, media, and others

Sample Question Answered by Reach

- How many schools across the U.S. are engaged in physical activity-related interventions?
- How many students are impacted?
- How many low-income students?

Limitations of Reach Data

- Do not consider 'dose' or effect size of interventions
- Are estimates only
- Provide snapshots in time for continually changing numbers
- Assume fidelity of implementation of practice and evidence-based strategies
- Cannot gauge health outcomes

9.7. Attachment G: Assurances and Certifications

APPENDIX. 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 DOH, 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

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?	☐ **YES** ☐ **NO**
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.	☐ **YES** ☐ **NO**
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. *If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.*	☐ **YES** ☐ **NO**
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? _____	☐ **YES** ☐ **NO**
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 DOH award.	☐ **YES** ☐ **NO**

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this application for funding and if considered for funding by DOH, 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.

Sign: Date:

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME:

9.8. Attachment H: Letters of Commitment

9.9. Attachment I: Definitions

FOR THE PURPOSES OF THIS RFA, PLEASE USE THE FOLLOWING DEFINITIONS AS GUIDANCE:

Applicant:	A single non-profit organization submitting an application for itself or for multiple organizations.
Reach:	Estimated number of unique individuals impacted by the PHHS Block Grant program initiatives. The count never exceeds a community Census figure.
Intervention:	An activity to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes through promotion of evidence-based strategies.
Setting:	The places or organizations in which the initiatives are implemented and take place. For example, an objective might state that it is implementing physical activity requirements at a school or the community. The settings would be "school and community."
People experiencing health disparities:	Identified targeted populations at risk for health disparities. Not all objectives or activities specifically target a disparate population. However, many objectives may reach people experiencing health disparities as part of its overall community

	reach. For example, low-income individuals would be reached if an entire population was reached by a particular objective.
Process objectives:	Describe the number of individuals that will be reached, the demographics of those individuals, the number of materials and literature/information packets distributed, the number of referrals made and for what types of services.
Outcome Objectives	Describe the changes in knowledge, attitudes, beliefs and behavior that will take place as a result of implementing an intervention. **Use the format shown in the example below for stating the proposal's goals and objectives:** **Example:** **Intervention: Family Navigation** **Goal #1:** Provide community based navigation services and referrals for children and youth with special health care needs. **Objective:** By the end of the 12th month of the project, navigation and referral services will have been provided for 100 children and youth with special health care needs in a community based center through referrals and four face-to-face outreach contacts. Activity #1 – Establish a site or referral system of community based primary and specialty health

	care and social service providers who will agree to serve target population by the end of the third month. Activity #2 – Inform the target population of the availability of these services and begin the referral process by the end of the sixth month. Activity #3 - Track number of referrals made and referrals completed beginning at the end of the sixth month. Activity #4 - Identify barriers to and facilitators for successful referrals and make modifications to referral system as needed by the end of the 12th month.

10. REFERENCES

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6. American College of Chest Physicians. "Annual financial cost of COPD $36 billion in U.S: CDC report." ScienceDaily. ScienceDaily, 24 July 2014. <www.sciencedaily.com/releases/2014/07/140724112551.htm>.
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8. 2014 National Health Interview Survey (NHIS) Data, Table 3-1 and Table 4-1 Accesses April 26, 2016.
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10. District of Columbia Department of Health, Community Health Needs Assessment, Vol.1, February, 2014.