Funding Opportunity

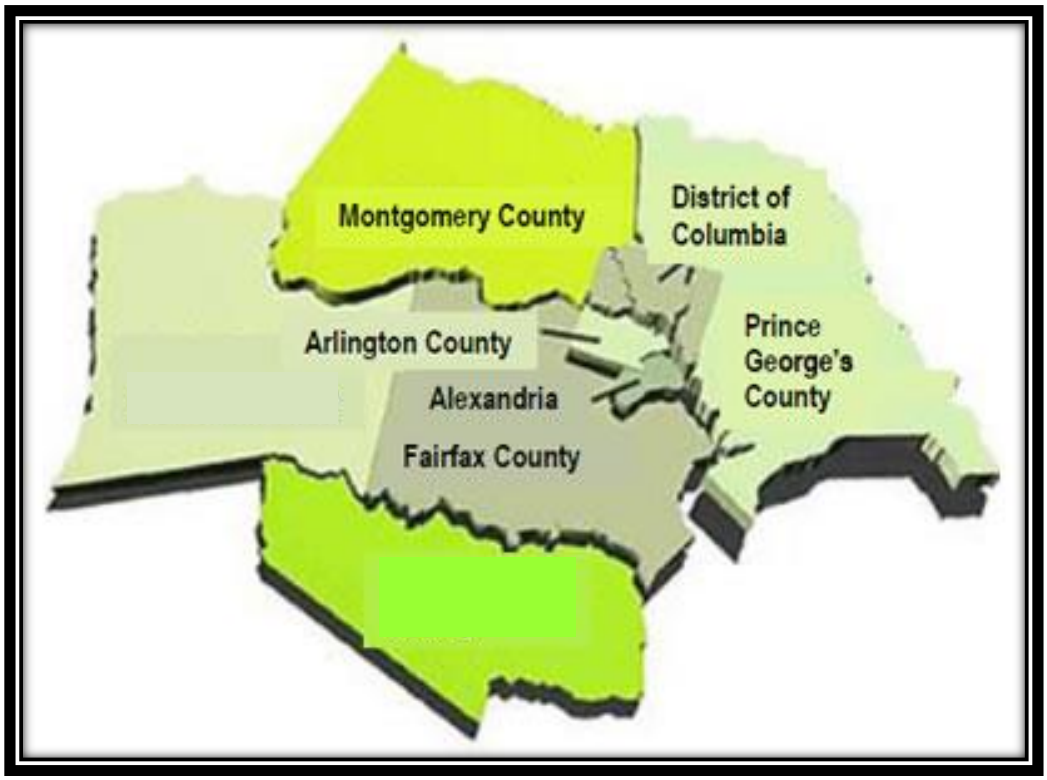
Government of the District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration

H A H S T A

IMPACT DMV

***I**mprove **M**easurable **P**articipation and **A**ccess to **C**are and **T**reatment*
District of Columbia, Maryland, & Virginia

Demonstration Project Application



RFA Number: HAHSTA_IMPACTDMV_02.24.17

Application Deadline: Monday March 13, 2016 by 6:00PM

Late applications cannot be accepted

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

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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), reject all applications, adjust total funds available, or cancel the RFA in part or whole. Funding levels in the respective program areas and budget amount in the award, if awarded, sub grant agreement are contingent on continued funding, sub grantee performance, and/or reduction, elimination, or reallocation funds by the Executive Office of the Mayor (EOM) of the Government of the District of Columbia and/or the Department of Health in accordance with applicable sections within the sub grant award and/or agreement.

Pre-application Conference:

DATE:	**Wednesday, March 1, 2017**
TIME:	**2:30 PM – 4PM**
WHERE:	**HAHSTA** **899 North Capitol Street, NE** **Fourth Floor** **Washington, DC 20002**

Application Deadline:

Monday, March 13, 2017 by 6:00 PM
All application must be submitted via EGMS
Applications submitted after 6:00 PM cannot be accepted.

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The District of Columbia, Department of Health (DOH) is soliciting applications from qualified organizations to provide services in the program areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the Department of Health's intent to make funds available for the purpose described herein.

General Information:

Funding Opportunity Title:	IMPACT DMV
Funding Opportunity Number:	FO-HAHSTA-PG-00005-000
Program RFA ID#:	RFA # HAHSTA_IDMV02.24.17
Opportunity Category:	Competitive
DOH Administrative Unit:	HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
DOH Program Bureau	Capacity Building, Housing, & Community Partnerships Division
Program Contact:	Kenneth J. Pettigrew, Program Manager Kenneth.Pettigrew@dc.gov (202) 741-0797
Program Description:	The Government of the District of Columbia, Department of Health is soliciting proposals from organizations in the District of Columbia, Suburban Maryland and Northern Virginia to participate in the IMPACT DMV program. IMPACT DMV is a regional public, private, and health department collaborative demonstration project designed to provide a holistic health and wellness system of care and prevention that strengthens and supports men who have sex with men and transgender persons of color. This funding aims to increase the capacity and provision of services (system of care and prevention) to the focus populations in two program areas: 1. Expansion and Enhancement of Prevention and Care Programing 2. Capacity Building. The Project implementation is projected to begin April 1, 2017.

Eligible Applicants	Not- for profit, public and private organizations in the District of Columbia, Suburban Maryland and Northern Virginia licensed to do business in the District of Columbia.
Anticipated # of Awards:	15
Anticipated Amount Available:	$800,000.00
Floor Award Amount:	$20,000.00
Ceiling Award Amount:	$75,000

Funding Authorization

Legislative Authorization	307, 317K2 PHSA,42USC241,247BK2,PL018
Associated CFDA#	93.940
Associated Federal Award ID#	NU62PS005036
Cost Sharing / Match required?	No
RFA Release Date:	Friday, February 24, 2017
Pre-Application Meeting Date	Wednesday, March 1, 2017
Pre-Application Meeting Time	2:30pm – 4:00pm
Pre-Application Meeting (Location/Conference Call Access)	899 North Capitol Street, NE Washington, DC 20002 4th Floor Conference Room (406-407)
Letter of Intent Due date:	Not applicable
Application Deadline Date:	Monday, March 13th, 2017
Application Deadline Time:	6:00 p.m. PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse http://opgs.dc.gov/page/opgs-district-grants-clearinghouse. DOH Enterprise Grants Management System (EGMS) https://dcdoh.force.com/GO__ApplicantLogin2

Notes:

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

District of Columbia Department of Health
RFA Terms and Conditions

v11.2016

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, 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 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.

Eligibility and Funding Areas

Community-based organizations, educational institutions, other not-for-profit and for-profit organizations in the District of Columbia, Suburban Maryland, and Northern Virginia which provide services to men who have sex with men of color and transgender persons of color are eligible to apply. Funding cannot be awarded to individuals.

Up to **$800,000** will be made available for Fiscal Year 2017 (Start date March 1, 2017 thru September 30, 2017). DOH is soliciting proposals for up to 15 awards during this funding period to support the program areas listed below. Applicants are asked to only apply for activities found among these program areas. The applicant may apply for one or multiple categories. The applicant should only apply for service categories and activities they can effectively implement and support during this period. That is, if an applicant applies for multiple program areas, the site visit evaluation will be based on the ability to realistically implement all of the proposed plans, in keeping with the resource and scale-up approaches of the application.

Only one application per applicant organization is required even if covering multiple regions within the DC, Northern Virginia, and Suburban Maryland Metropolitan Area. However, if implementing different categories and/or activities within different regional areas, please clearly describe in the narrative portion of your application. The submission of more than one application per organization will be deemed ineligible and will not be reviewed.

Program Areas:

a. **Expansion and Enhancement of Prevention and Care Programing** – For this program area, providers must assess existing programs and services and determine which of the 24 core services listed in Appendix E, can be added to enhance or expand their programs and improve overall health outcomes of clients served. Providers must choose at least 8 core services (additional guidance regarding the selection of core services is included within this RFA) and must explain how they will serve more individuals and achieve greater overall health outcomes by adding the proposed services to existing programing.

b. **Capacity Building: Provision of 4th generation HIV lab based testing –** In this program area, providers will propose projects that will enable them to conduct 4th generation lab-based HIV testing. These types of projects will build the applicant's capacity to provide blood drawn modality (**venipuncture)** screenings for the detection of HIV during both the acute and chronic phases of infection. HAHSTA will also offer support to the applicants on securing a connection to a laboratory to process the specimens. HAHSTA will fund one agency per region (3 providers) in this program area.

c. Capacity Building: Sexual Health Learning Community – The Sexual Health Learning Community (SHLC) is a capacity building program that helps to expand the availability of culturally competent, integrated primary care and mental health services for populations most disproportionately affected by HIV (both persons who are positive or negative) within the DC, Southern Maryland and Northern Virginia areas (i.e. men who

have sex with men and transgender persons of color), through the provision of technical assistance and training. SHLC is designed to integrate a sexual health framework into the primary care and mental health providers by building provider comfort, knowledge, and ability to implement evidence-based, culturally responsive, client-centered sexual health counseling. HAHSTA will fund one agency to provide this technical assistance to primary care and mental health providers in the region.

Background

DC, Suburban Maryland, and Northern Virginia

The Washington, DC, region has a complex urban epidemic, with high rates of HIV/AIDS, STDs, and viral and chronic hepatitis. As of December 31, 2015, there were 13,391 DC residents—2.0% of the population—living with HIV. In 2015 there were 371 newly diagnosed HIV cases, which represent a 48% and 72% decline since 2011 and 2007 respectively. The epidemic disproportionately impacts African-Americans, adults age 30 to 59, and people living in the District's Wards 5, 6, and 8. African-Americans account for the majority of living HIV/AIDS cases in the District. At the end of 2015, 3.2% of African-American residents were living with HIV/AIDS. However, the highest burden of disease is among African-American men with 4.6% infected. Black men also account for approximately 18.1% of HIV cases in suburban Maryland, and 16.1% in Northern Virginia, which is important given the constant movement among residents in the region. Men who have sex with men continue to be the leading reported mode of transmission for HIV disease. Black men who have sex with men in particular are significantly impacted by the disease, accounting for 26% of all cases living in DC and 25% of newly diagnosed cases in 2015. HAHSTA conducted a U.S. Centers for Disease Control and Prevention (CDC)-funded behavior study among men who have sex with men as part of the National HIV Behavior Surveillance (NHBS) study, which found that older men and men of color had HIV-positive rates nearly three times higher than younger men and White men; and men of color 30 years or older had the highest rates of HIV disease, with an overall positivity as high as 25% compared to 8% of White men. Transgender persons represented 3.2% of newly diagnosed HIV cases in 2015 and two-thirds of transgender persons living with HIV are transgender women. High rates of transgender persons were linked to care (97.7%), received care in 2015 (79.2%) and achieved viral suppression (57.7%), which are higher than the District's average. However, one-third of transgender persons were initially diagnosed with Stage 3 HIV disease, previously known as an AIDS diagnosis.

About the Project and Purpose

IMPACT DMV is a regional public, private, and health department collaborative and CDC funded demonstration project. The goal of this project is to create an integrated, comprehensive whole-person health system model, the **IMPACT DMV Network,** which provides prevention, care and treatment services to support men who have sex with men and transgender persons of color**.** The IMPACT DMV Network, much like other health care systems, would provide an array of programs and supports to the focus populations. Through a holistic approach, it addresses the health and wellness needs of the individual in a culturally appropriate manner for individual and community success. The providers within the network will be comprised of both HAHSTA-funded and non-funded entities. All providers will connect with other organizations within the network with the

intent of supporting the movement of clients through the continuum of care and supportive services. Organizations within the network should subscribe to the whole person model to ensure that all of their clients' needs are met. The network allows providers to actively serve, as well as link individuals to a variety of programs and services within, and sometimes outside of the network to improve overall health outcomes. Through outreach, community engagement, and active promotion, the focus populations will become familiar with the IMPACT DMV network and learn to trust and access multiple services within it.

IMPACT DMV –The Coalition

The DC Department of Health with the Maryland Department of Health and Mental Hygiene and Virginia Department of Health established the IMPACT DMV Coalition. The Coalition is made up of service providers, community members, private entities, and health department staff from each of the three jurisdictions to provide a holistic health and wellness system that strengthens and supports men who have sex with men and transgender persons of color in healthy decision making. The project ensures equitable access to screening, care and treatment, behavioral health, economic opportunities, peer support, and other supportive services. The Coalition continues to provide feedback, first identifying three initial priority program areas: Pre-Exposure Prophylaxis (PrEP) expansion, community health and wellness, and behavioral health and secondly, gaps in programming that have informed this funding opportunity.

HAHSTA seeks to support projects that expand or enhance existing programing with the goal of achieving a more comprehensive and holistic approach to meeting the many needs of men who have sex with men and transgender person of color in the District of Columbia, Suburban Maryland and Northern Virginia. Projects that are more fully conceived or have already started and IMPACT DMV funds will serve as a means of improving service delivery and/or increasing the number of individuals reached. Additionally, these projects are appropriate for organizations (or multi-sectorial collaborations of several organizations) that are ready to implement a defined plan of action, with goals and outcomes. As a result of such enhancements, expansions, and collaborations, we hope to develop a more comprehensive system of care.

How to Apply

Thank you for your interest in applying for the ***I**mprove **M**easurable **P**articipation and **A**ccess to **C**are and **T**reatment* (IMPACT) District of Columbia, Maryland, & Virginia **(**DMV) HIV Demonstration Project. The DC Department of Health (DOH) HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) wants to help you make this application process easy to understand and complete.

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

Pre-Application Conference

One Pre-Application Conference will be held for this RFA on **March 1, 2017** from **2:00 to 4:30 pm** in room 407 of HAHSTA located at 899 North Capitol Street NE, 4th Floor, Washington, DC 20002.

Printed copies of the RFA will *not* be provided. Please bring a copy of the RFA for your use during the conference.

The Pre-Application Conference will provide an overview of the programmatic requirements. Additionally, there will be an overview of the review process being employed for this RFA and a 30 minute presentation on Enterprise Grants Management System (EGMS), the new electronic application submission process.

Internet
Applicants who received this RFA via the Internet and do not plan to attend the pre-application conference must e-mail HAHSTA at kenneth.pettigrew@dc.gov with the information listed below. Please be sure to put "RFA Contact Information" in the subject box, including the following information:

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

This information shall be used to notify applicants regarding updates or addenda to this RFA. Any RFA amendments will be posted on the DC Grants Clearinghouse at www.opgs.dc.gov.

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

Questions Regarding the RFA

Applicants who have questions about the RFA must submit their questions via e-mail to Kenneth.Pettigrew@dc.gov no later than **Wednesday, March 8, 2017 at 6:00pm.**

HAHSTA will notify all potential applicants in writing of any updates, addenda and responses to frequently asked questions by **Friday, March 10, 2017**.

Application Preparation and Submission

A. Application Format

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

B. Application Elements

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

An application package includes the following elements:

1. Table of Contents (Not counted in page total)
2. Organization Knowledge and Capacity (1 page maximum)
3. Project Description (5 pages **maximum** per service area)
4. Applicant Profile and Work plan (Appendix A and B. Not counted in page total)
5. Tier Funding (Not counted in page total)
6. Categorical Budget and Budget Narrative (Appendix C. Not counted in page total.)
7. Federal, District and DOH Statements of Assurances and Certifications (Reviewed and Accepted via EGMS). Also, scan an upload **one copy SIGNED** by the Agency Head or authorized official. SEE APPENDIX D
8. Mandatory Disclosures (Reviewed, Completed and Submitted via EGMS)
9. DOH Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)
10. Mandatory Certification Documents* (Not counted in page total. Scan and upload **ONE PDF** file containing all of the following business documents required for submission uploaded into EGMS)
    a. A current business license, registration, or certificate to transact business in the relevant jurisdiction
    b. 501(c)(3) certification (for non-profit organizations)
    c. City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean hands)
    d. Official list of Board of Directors on letterhead and signed by the authorized executive of the applicant organization

The Applicant Profile, Table of Contents and the Program Description should be uploaded to EGMS as one PDF document and the Budget and Work plan as a separate PDF document

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

C. Description of Application Elements

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

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

2) **Organizational History, Knowledge and Capacity to serve men who have sex with men and transgender persons of color (1 page)**

3) **Project Description (5 pages) -** The purpose of this section is to provide a thorough description of the proposed projects and how they will improve health outcomes. Applications rated most highly will include descriptions of programs that effectively reach and serve clients with high need, have a sound technical basis, address known challenges and gaps in services, strive to build stronger results through innovation, and will contribute to the overall quality, scope and impact of the service area response. The Program Description should address the following:

a. Service Area - Applicants must choose and state which of the three service areas they will address. Applicants may submit proposals that address one or more of the following areas:

1. Expansion/Enhancement of Prevention and Care Programing (multiple awards)

   Providers choosing this service area will state a minimum of 8 of the 24 services (Appendix E) they would like to build/increase capacity in an effort to strengthen the system of care for men who have sex with men and transgender persons of color in the DMV. Of the proposed 8 services chosen, the applicant must include all of the following: PrEP/nPEP, 4th Generation Testing, STI screening and Navigation Services.

2. Capacity Building: Provision of 4th generation lab based testing (3 possible awards, one from each region)

3. Capacity Building: Sexual Health Learning Community (one possible award)

   Applicants are not required to address all three areas, but will be allowed five (5) pages for each area's project description.

b. Agency Gaps in Service Delivery - Using the list of 24 core services and the client flow chart provided (Appendix E), proposals must describe gaps in service delivery that disrupt client flow through the continuum of care. Proposals must describe with specific detail how IMPACT DMV funds will be used to address those gaps in service delivery and how addressing these gaps will improve individuals' overall health outcomes.

c. Greater Access to Prevention, Care and Treatment – The applicant must describe how the services will facilitate movement of clients along the continuum from prevention to care.

d. Increased Number of Clients Served – The applicant must describe how the agency will be able to serve more individuals to achieve greater overall health outcomes by adding the proposed service areas to existing programing.

e. Client Prevention and Care Treatment Follow-up (Client Level Data Collection) – The applicant must describe how the agency will routinely assess clients' needs, follow up on care and health outcomes, and collect individual level data tracking each client throughout the duration of the project. The agency should detail the total number of individuals it will conduct routine follow-up sessions with. The agency will report this client level data to HAHSTA. (See Data Collection, Reporting, and Monitoring in the Grants Terms and Conditions section of this RFA)

f. Project Goals and Objectives - The applicant must describe goals and objectives for the proposed project that are clearly defined, measurable, time-specific and responsive to service area specific goals and priorities.

g. Overall Health Outcome – The applicant must describe how the proposed activities will impact the following health outcomes for both HIV negative and HIV positive individuals:

1) Retention and stability in care over time; 2) decreased viral load and increased CD4 counts; 3) fewer hospitalizations; 4) fewer opportunistic infections; and 5) improved quality of life; 6) Routine 4th generations testing; 7) Access to PrEP/nPEP; 8) Access to STI screening; 9) Access to social support programing for both HIV positive and negative individuals.

4) Work Plan – The applicant must complete the work plan attachment for each proposed Service Area. The work plan should include proposed targets and the goals and objectives for the proposed program. All work plans should be labeled clearly by Service Area.

5) Tier Funding – Proposals must detail the number of individuals it intends to follow (incremental assessments and support) and report individual level demographic and health outcomes data on during the grant period.

Funding Tiers:

$150,000 follows at minimum 200 individuals
$75,000 follows at minimum 150 individuals
$50,000 follows at minimum 100 individuals

6) Categorical Budget and Budget Narrative

Applicants must provide a detailed line-item budget and budget narrative that includes the type and number of staff necessary to successfully provide your proposed services. All applicants applying for services must use the HAHSTA approved budget forms. The forms are posted electronically as a separate Microsoft Excel file alongside this RFA. There cannot be any changes made to the format or content areas of the Excel workbook. Applicants must provide a budget for each Service Category submitted.

HAHSTA reserves the right to not approve or fund all proposed activities. For the budget justification, provide as much detail as possible to support each requested budget item. List each cost separately when possible. Provide a brief description for each staff position including job title, general duties and activities related to this grant, including the rate of pay and whether it is hourly or salary and the level of effort expressed as how much time will be spent on proposed activities for each staff position. Describe this "time spent" as a percentage of full time equivalent or FTE (e.g., 50% FTE for evaluation activities).

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

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

Please reference items 7 through 10 outlined in the list of Application Elements.

Failure to submit the required assurance package will make the application ineligible for funding consideration (required to submit applications) or ineligible to sign/execute grant agreements (required to sign grant agreements).

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

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

D. Application Submission (Enterprise Grants Management System)

Effective October 2016, all District of Columbia Department of Health application submissions must be done electronically via Department of Health's Enterprise Grants Management System (EGMS), DOH's web-based system for grant-making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative. If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users **do not** have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

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

Register in EGMS

DOH recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DOH 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 DOH EGMS Portal is supported by the following browser versions:
   - Microsoft ® Internet Explorer ® Version 11
   - Apple ® Safari ® version 8.x on Mac OS X
   - Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
   - Google Chrome ™ version 30 & above (Most recent and stable version recommended)

2. **Access EGMS**: The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.

3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.

4. Your EGMS registration will require your legal organization name, your **DUNS # and Tax**

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

5. When your Primary Account User request is submitted in EGMS, the DOH Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DOH Office of Grants Management will make an additional request for the Executive Director to send an email to DOH to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER _AGENCYNAME**. Note: The email will help to support the validation of authorized users for EGMS. DOH official grant records will also be used. Please reply asap to any requests from Office of Grants Management to provide additional information, if needed.

6. Once you register, your Primary Account User will get an auto-notice to upload a "DUNS Certification" – this will provide documentation of your organization's DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

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

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

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)

Review and Selection of Applications

Pre-Screening – 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 if their applications did not meet eligibility.

External Review Panel – The review panel will be composed of individuals from DC, Suburban Maryland and Northern Virginia. The panel will consist of neutral, qualified, professional

individuals representing various local and state health departments, other state agencies such as the Department of Behavioral Health, as well as community partners from within the region. They have experience working with men who have sex with men and transgender persons of color.

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.

For this competition, HAHSTA will conduct a two-part review process based on both the submission and a pre-decisional site visit. The overall evaluation will consist of an analysis of the written submission and the results of a site visit. The written proposal and site visit are weighted equally at 50 points each, for a maximum of 100 points available.

1. Written proposal/ Project Description – 50 points available

2. Site Visit – 50 points available

a. Organizational Infrastructure – 5 points
The applicant organization has the appropriate foundational resources to support the grant and has adequate human resources, space and other resources to support the proposed service area.

b. Organizational History of Service Provision – 5 points
The applicant organization describes and demonstrates activities that align with the proposed description of IMPACT DMV services to be provided.

c. Program Management – 5 points
Consistent with the Program Work Plan and Timeline-to include a table to indicate the start, activities, benchmarks, and end of the program.

d. Fiscal Systems – 5 points
The applicant organization has the capacity to ensure sufficient financial systems and resources to support the grant.

e. Organizational Sustainability – 5 points
The applicant organization has the capacity to ensure the continuance of programs, endurance and growth of the organization.

f. Data Collection and Reporting – 5 points
Organizational system has the capacity to collect and report required data elements.

g. Quality Management – 5 points
Organizational activities to ensure optimal quality of health care and treatment.

h. Organizational Access to Population of Focus – 5 points
The applicant organization has a successful history of providing services for the focus

population.

i. Cultural Competence – 10 points
The confluence of organizational staff and client attitudes, norms, beliefs, and values.

The site visit shall include a tour of the organization, to include the facility where proposed services will be offered. HAHSTA anticipates that site visits will occur between March 20, 2017 and March 24, 2017 and will last approximately one and a half hours. Site visits will be scheduled prior to March 17, 2017. At that time, HAHSTA will share site visit preparation guidelines.

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 an 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.

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

Pre-Award Activities
Successful applicants will receive a letter of Notice of Intent to Fund from HAHSTA. Grant approval and issuance activities will take place in EGMS. Successful applicants will interact with HAHSTA staff to review draft subgrant provisions, prepare final Table(s) A: Scope of Work and Budget Format and Budget Narratives.

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

Evaluation Criteria

Project Description (50 points)

- **a.** Does the implementation plan include an annual work plan; to include a chronological list and description of activities to be performed, the responsible person and target dates for completion, and anticipated outcomes?
- **b.** Does the applicant's proposed plan present a cohesive set of strategies/activities? How well do the proposed strategies address the selected outcome measures for the focus population, including in relation to health disparities/health equity and or access to HIV Prevention/ Care services and other support services?
- **c.** Does the implementation plan demonstrate strategies that strive to maximize public health impact of men who have sex with men and transgender persons of color as measured by strength of proposed strategies, frequency of exposure, number of people affected and to the degree to which continued access to HIV Prevention and Care services is achieved?
- **d.** Does the applicant demonstrate proven ability to effectively engage and involve the focus populations, including implementation of culturally and age appropriate strategies?
- **e.** Does the applicant provide estimated population reach for selected outcomes and objectives?
- **f.** Demonstrate that the proposed plan provides a foundation for sustainability efforts.
- **g.** Are outcome objectives SMART and do milestones representing a logical and realistic plan of action for timely and successful achievement of outcome objectives?

Please see page 17 for the review criteria specific to the site visit component of the review process.

Grant Terms and Conditions

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

Additional program and administrative terms:

Continuation of Funding and Reporting

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

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

Data Collection, Reporting, & Monitoring

Successful applicants will be required to participate in local and national program monitoring, evaluation, and quality improvement efforts related to the 24 activities supported under IMPACT DMV. As part of this requirement, awardees will be responsible for tracking the services provided to individual clients and the outcomes associated with such efforts. Required data collection elements will include client demographic, risks, and needs information as identified through initial and ongoing client assessments, as well as information concerning the ongoing provision and utilization of preventative, care, treatment, and ancillary support services. While client outcomes will in part be monitored through the use of routine disease surveillance data collected by HAHSTA, awardees will be responsible for collecting and reporting on multiple clinical, mental health, behavioral, and social outcome related measures associated with services provided by internal staff and/or referral agencies. In addition to the core program and outcome indicators specified by HAHSTA, awardees will be encouraged to develop site-specific program monitoring and evaluation measures where appropriate to address any unique aspects of their program implementation strategy.

In order to facilitate program monitoring, evaluation, and quality improvement efforts, awardees will be required to utilize standardized client assessment and data collection forms developed by HAHSTA and to coordinate the ongoing submission of individual-level client information including identifiers (i.e., first name, last name, date of birth) to HAHSTA in a secure, electronic format. Awardees that do not currently have a data management system capable of tracking and reporting identifiable client-level demographic, risks, needs, service utilization, and outcome data in an electronic format will be required to utilize the District of Columbia Public Health Information System (DC PHIS) or other HAHSTA-developed application to support the monitoring of IMPACT DMV supported activities. HAHSTA will provide access, training, and

technical support for the utilization of HAHSTA-developed data management software applications.

Data collection tools for the monitoring and evaluation of IMPACT DMV activities have been developed in collaboration with the CDC. A draft of the data collection form for local activities is included in Appendix E. Additional modifications to this form and/or the implementation of supplemental data collection efforts may be initiated by HAHSTA to enhance the monitoring and evaluation of IMPACT DMV activities. Awardees are expected to be responsive to ongoing direction and feedback from HAHSTA concerning data collection and reporting requirements.

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

Drug-Free Workplace

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

Confidentiality

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

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

Quality Improvement

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

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

Availability of Funds

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

Information Systems

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

Technical Assistance

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

Contact:
Ken J. Pettigrew
Supervisory Public Health Advisor/Program Manager
HIV/AIDS, Hepatitis, STD and TB Administration
District of Columbia Department of Health (DOH)
Government of the District of Columbia
899 North Capitol Street, NE, 4th Floor
Washington, DC 20002
Phone: 202-741-0797
Email: Kenneth.Pettigrew@dc.gov

APPENDIX A - Applicant Profile

Applicant Name: _____

TYPE OF ORGANIZATION

Small Business_____ Non-Profit Organizations _____ Other _____

Contact Person: _____

Office Address: _____

_____

_____

Telephone: _____

E-Mail Address: _____

Program Description: _____

_____

_____

_____

DUNS#: _____

Program Area(s): _____

BUDGET

Total Funds Requested: **$_____**

APPENDIX B: WORK PLAN

Agency:	**Program Period:**		
Grant #:	**Submission Date:**		
Focus Population /Service:	**Submitted by:**		
Total Budget $	**Telephone #**		
GOAL 1:			
Measurable Objectives/Activities:			
Process Objective #1: ***[Example: By December 31, 2017, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]***			
Key activities needed to meet this objective:	Start Date/s:	Completion Date/s:	Key Personnel (Title)
•	•		
Process Objective #2:			
Key activities needed to meet this objective:	Start Dates:	Completion Dates:	Key Personnel (Title)
•			
Process Objective #3:			
Key activities needed to meet this objective:	Start Dates:	Completion Dates:	Key Personnel (Title)
•			

APPENDIX C - Categorical Budget and Budget Narrative

Provider Name

Service Area Name _____

Service Area Budget Summary

	Proposed Budget
Salaries & Wages Subtotal	
Fringe Benefits Subtotal	
Consultants & Experts Subtotal	
Occupancy Subtotal	
Travel & Transportation Subtotal	
Supplies & Minor Equipment Subtotal	
Capital Equipment Subtotal	
Client Costs Subtotal	
Communications Subtotal	
Other Direct Costs Subtotal	
Administrative Cost Subtotal 10%	
Advance Subtotal	
TOTAL	**-**

Personnel Schedule

		Option No. 1		Option No. 2				
Position Title	**Site**	**Annual Salary**	**FTE**	**Hourly Wage**	**Hours per Month**	**Monthly Salary or Wage**	**No. of Mo.**	**Budget Amount**
TOTAL								

Consultant/Contractual

Item	**Unit**	**Unit Cost**	**Number**	**Budget**
				-
TOTAL				-

Occupancy Schedule

Facility	Site	Unit	Unit Cost	Number	Budget
Rent					-
Utilities (Gas/Electric/Water)					-
TOTAL					-

Travel / Transportation Schedule

Item	Unit	Unit Cost	Number	Budget
				-
TOTAL				-

Supplies

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Capital Equipment Schedule

Item	Site	Unit	Unit Cost	Number	Budget
TOTAL					

Client Cost Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Communications Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
					-
TOTAL					-

Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				

Indirect Costs

TOTAL								

APPENDIX D. 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.

Date:

Sign: _____

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME:

APPENDIX E– Core Services and Client Flow Chart

Prevention and Care Core Services

Prevention

1. HIV testing services that use 4th generation HIV tests preferably (rapid 4th generation would be allowed with a plan to move to lab base testing)
2. Assessment of indications for PrEP and nPEP
3. Provision of PrEP and nPEP
4. Adherence interventions for PrEP and nPEP
5. Immediate linkage to care, ARV treatment, and partner services for those diagnosed with acute HIV infection
6. Expedient linkage to care, ARV treatment, and partner services for those diagnosed with established HIV infection
7. STD screening and treatment
8. Behavioral risk reduction interventions
9. Screening for behavioral health and social services needs
10. Linkage to behavioral health and social services
11. Navigators to assist accessing HIV prevention and behavioral health and social services
12. Navigators to assist enrollment in a health plan
13. Employment/Workforce Development

Care

1. Navigation to HIV primary care, including ARV treatment
2. Retention interventions
3. Re-engagement interventions
4. Adherence interventions
5. STD screening and treatment
6. Behavioral risk reduction interventions
7. Screening patients for behavioral health and social services needs
8. Linkage to behavioral health and social services
9. Navigators to assist linking to care and accessing behavioral health and social services
10. Navigators to assist enrollment in a health plan
11. Employment/workforce development services

*Employment service/workforce development has been added to both the prevention and care list as a key component to impacting health outcomes. These are not in the original list of CDC core services.

APPENDIX F – IMPACT DMV Data Form

Facility Information			
Facility Name		Person Completing Form	
A. Demographics (static section)			
1. Client ID	**2.** First Name	**3.** Last Name	**4.** Date of Birth____/____/_____
5. Sex at birth ☐ Male ☐ Female ☐ Intersex			
6. Current Gender ☐ Male ☐ Female ☐ Transgender – FTM ☐ Transgender – MTF ☐ Intersex ☐ Gender queer ☐ Questioning ☐ Other			
7. Ethnicity ☐ Hispanic or Latino ☐ Non-Hispanic ☐ Prefer not to answer			
8. Race (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Multirace/Other ☐ Prefer not to answer			
9. State			
10. Vital Status ☐ Alive ☐ Dead ☐ Unknown Date of Death ____/_____/_____			
B. Client History (static section)			
11. Vaginal sex with female ☐ Yes ☐ No ☐ Unknown If Yes, answer 11a-11c about their partner(s)	**a.** Without using a Condom ☐ Yes ☐ No ☐ Unknown		
	b. Who is an IDU ☐ Yes ☐ No ☐ Unknown		
	c. Who is HIV + ☐ Yes ☐ No ☐ Unknown		
12. Anal sex with female ☐ Yes ☐ No ☐ Unknown If Yes, answer 12a-12c about their partner(s)	**a.** Without using a Condom ☐ Yes ☐ No ☐ Unknown		
	b. Who is an IDU ☐ Yes ☐ No ☐ Unknown		
	c. Who is HIV + ☐ Yes ☐ No ☐ Unknown		
13. Anal sex with male ☐ Yes ☐ No ☐ Unknown If Yes, answer 13a-13c about their partner(s	**a.** Without using a Condom ☐ Yes ☐ No ☐ Unknown		
	b. Who is an IDU ☐ Yes ☐ No ☐ Unknown		
	c. Who is HIV + ☐ Yes ☐ No ☐ Unknown		
14. Vaginal sex with a transgendered individual ☐ Yes ☐ No ☐ Unknown If Yes, answer 14a-14c about their partner(s)	**a.** Without using a Condom ☐ Yes ☐ No ☐ Unknown		
	b. Who is an IDU ☐ Yes ☐ No ☐ Unknown		

	c. Who is HIV + ☐ Yes ☐ No ☐ Unknown
15. Anal sex with a transgendered individual ☐ Yes ☐ No ☐ Unknown If Yes, answer 15a-15c about their partner(s)	**a.** Without using a Condom ☐ Yes ☐ No ☐ Unknown
	b. Who is an IDU ☐ Yes ☐ No ☐ Unknown
	c. Who is HIV + ☐ Yes ☐ No ☐ Unknown
Female or Transgender-MTF Clients Only:	
16. Vaginal sex with Male ☐ Yes ☐ No ☐ Unknown If Yes, answer 16a-16c about their partner(s)	**a.** Without using a Condom ☐ Yes ☐ No ☐ Unknown
	b. Who is an IDU ☐ Yes ☐ No ☐ Unknown
	c. Who is HIV + ☐ Yes ☐ No ☐ Unknown
17. Vaginal sex with an MSM ☐ Yes ☐ No ☐ Unknown	**18. Anal sex with an MSM** ☐ Yes ☐ No ☐ Unknown
C. Service Date (repeatable section)	
19. Service Visit Date____/_____/_____ (add new date and repeatable sections appear)	
D. Medical Care and Lab Testing (repeatable section)	
20. HIV Test Date____/_____/_____	
a. What test technology was used**?** ☐ Conventional 4th generation lab- based ☐ Rapid 4th generation ☐ NAAT/RNA testing ☐ Other (please specify)	
b. HIV Test Result ☐ Positive/Reactive ☐ Negative ☐ Indeterminate ☐ Invalid ☐ No Result	
21. HIV Status ☐ Newly diagnosed ☐ Previously diagnosed, Never in care ☐ Previously diagnosed, previously in care but lost to follow-up ☐ HIV negative	
22. If HIV positive: Was the client referred to an HIV care provider? ☐ Internal Provider ☐ External Provider ☐ No	
a. If not referred: Why wasn't the client referred? ☐ Client already in care ☐ Client declined care	
b. If referred: Referral date ____/_____/_____	
c. If referred: Appointment date____/_____/_____	
d. If external provider: Where were they referred?	
e. If referred: Did the client attend the appointment? ☐ Yes ☐ No	
f. If client did not attend appt: Reason for missed appointment:	

23. Is this a data to care client? ☐ Yes ☐ No
a. **If Yes:** Date identified as not in care ____/_____/_____
b. **If Yes:** Date contacted by program staff ____/_____/_____
c. **If Yes:** Where were they referred?
d. **If Yes:** Appointment date____/_____/_____
e. **If Yes:** Did the client attend the appointment? ☐ Yes ☐ No
f. **If client did not attend appt:** Reason for missed appointment:
24. Is this client re-engaging in care after being out of care for more than 12 months? ☐ Yes ☐ No ☐ Unknown
25. Was the client prescribed ARVs? ☐ Yes ☐ No
a. **If Yes:** Date ARV prescribed ____/_____/_____
b. **If Yes:** Was medication adherence support provided? ☐ Yes ☐ No ☐ Declined ☐ N/A
E. STD Services (repeatable section)
26. Was the client screened for STDs? ☐ Yes ☐ No ☐ Unknown
a. **If Yes:** Date screened ____/_____/_____
b. **If Yes:** Was the client screened for gonorrhea? ☐ Yes ☐ No ☐ Unknown
c. **If Yes:** What was the result? ☐ Positive ☐ Negative ☐ Unknown
d. **If positive:** Was the client referred to medical care? ☐ Internal Provider ☐ External Provider ☐ No
e. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
f. **If referred:** Referral Date ____/_____/_____
g. **If referred:** Appointment Date ____/_____/_____
h. **If external provider:** Where were they referred?
i. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No

j. **If client did not attend appt:** Reason for missed appointment:
k. **If positive for gonorrhea:** Were they treated? ☐ Yes ☐ No ☐ Unknown
l. Was the client screened for syphilis? ☐ Yes ☐ No ☐ Unknown
m. **If Yes:** What was the result? ☐ Positive ☐ Negative ☐ Unknown
n. **If positive:** Was the client referred to medical care? ☐ Internal Provider ☐ External Provider ☐ No
o. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
p. **If referred:** Referral Date____/_____/_____
q. **If referred:** Appointment Date____/_____/_____
r. **If external provider:** Where were they referred?
s. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No
t. **If client did not attend the appt:** Reason for missed appointment:
u. **If positive for syphilis:** Were they treated? ☐ Yes ☐ No ☐ Unknown
v. Was the client screened for chlamydia? ☐ Yes ☐ No ☐ Unknown
w. **If Yes:** What was the result? ☐ Positive ☐ Negative ☐ Unknown
x. **If positive:** Was the client referred to medical care? ☐ Internal Provider ☐ External Provider ☐ No
y. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
z. **If referred:** Referral Date____/_____/_____
aa. **If referred:** Appointment Date____/_____/_____
ab. **If external provider:** Where were they referred?
ac. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No
ad. **If client did not attend the appointment:** Reason for missed appointment:
ae. **If positive for chlamydia:** Were they treated? ☐ Yes ☐ No ☐ Unknown
27. Are you requesting partner services? ☐ Yes ☐ No
a. **If Yes:** Partner Services Interview Date____/_____/_____

b. **If Yes:** Number of partners named by person:

F. Behavioral Health and Social Services (repeatable section)

28. Was the client screened for mental health issues? ☐ Yes ☐ No

a. **If Yes:** Was a mental health services need identified? ☐ Yes ☐ No

b. **If Yes:** Was the client referred to mental health services? ☐ Internal Provider ☐ External Provider ☐ No

c. **If Yes:** Referral Date ___/_____/_____

d. **If referred:** Appointment Date____/_____/_____

e. **If external provider:** Where were they referred?

f. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care

g. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No

h. **If client did not attend the appt:** Reason for missed appointment:

i. **If need identified:** What services were provided to the client? (select all that apply) ☐ individual counseling
☐ group counseling ☐ psychiatrist ☐ prescribed medication ☐ Other (please specify)

29. Was the client screened for substance abuse issues? ☐ Yes ☐ No

a. **If Yes:** Was a substance abuse need identified? ☐ Yes ☐ No

b. **If Yes:** Was the client referred to substance abuse services? ☐ Internal Provider ☐ External Provider ☐ No

c. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care

d. **If referred:** Referral Date ____/_____/_____

e. **If referred:** Appointment Date____/_____/_____

f. **If external provider:** Where were they referred?

g. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No

h. **If client did not attend the appt:** Reason for missed appointment:

i. **If need identified:** What services were provided to the client? (select all that apply) ☐ alcoholics anonymous
☐ narcotics anonymous ☐ individual counseling ☐ needle exchange ☐ inpatient services ☐ outpatient services
☐ recovery coaching & mentoring ☐ Other (please specify)

30. Was the client screened for housing services issues? ☐ Yes ☐ No
a. **If Yes:** Was a housing services need identified? ☐ Yes ☐ No
b. **If Yes:** Was the client referred to housing services? ☐ Internal Provider ☐ External Provider ☐ No
c. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
d. **If referred:** Referral Date ____/_____/_____
e. **If referred:** Appointment Date____/_____/_____
f. **If external provider:** Where were they referred?
g. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No
h. **If client did not attend the appt:** Reason for missed appointment:
i. **If need identified:** What services were provided to the client? (select all that apply) ☐ sponsor based assistance ☐ tenant based rental assistance ☐ short term ☐ short term mortgage assistance ☐ short term utility assistance ☐ transitional facility-based housing ☐ emergency facility-based housing ☐ housing information services ☐ rental deposit ☐ eligibility list ☐ None
31. Was the client screened for education assistance needs? ☐ Yes ☐ No
a. **If Yes:** Was an education assistance need identified? ☐ Yes ☐ No
b. **If Yes:** Was the client referred to education assistance services? ☐ Internal Provider ☐ External Provider ☐ No
c. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
d. **If referred:** Referral Date____/_____/_____
e. **If referred:** Appointment Date ____/_____/_____
f. **If external provider:** Where were they referred?
g. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No
h. **If client did not attend the appt:** Reason for missed appointment:
i. **If need identified:** What services were provided to the client? (select all that apply) ☐ high school equivalency ☐ vocational school ☐ adult basic education ☐ college ☐ Other (please specify)
32. Was the client screened for employment and job training needs? ☐ Yes ☐ No
a. **If Yes:** Was an employment and job training need identified? ☐ Yes ☐ No

b. **If Y:** Was the client referred to employment/job training services? ☐ Internal Provider ☐ External Provider ☐ No
c. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
d. **If referred:** Referral Date____/_____/_____
e. **If referred:** Appointment Date____/_____/_____
f. **If external provider:** Where were they referred?
g. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No
h. **If client did not attend the appt:** Reason for missed appointment:
i. **If need identified:** What services were provided to the client? (select all that apply) ☐ job readiness skills ☐ job corps ☐ short-term training ☐ certifications ☐ apprenticeships ☐ internships ☐ professional development ☐ licensing ☐ Other (please specify)
33. Was the client screened for transportation needs? ☐ Yes ☐ No
a. **If Yes:** Was a transportation need identified? ☐ Yes ☐ No
b. **If Yes:** Was the client referred to transportation services? ☐ Internal Provider ☐ External Provider ☐ No
c. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
d. **If referred:** Referral Date____/_____/_____
e. **If referred:** Appointment Date____/_____/_____
f. **If external provider:** Where were they referred?
g. **If referred:** Did the client attend the appointment? ☐ Yes ☐ No
h. **If need identified:** Please select which transportation services the client was linked to: ☐ subsidized SmarTrip card ☐ ride share (uber, lyft, etc.) ☐ short term car payment assistance ☐ transportation information services ☐ picked up/ dropped off for appointments ☐ Other (please specify)
34. Was the client screened for health insurance?☐ Yes ☐ No ☐ N/A
a. **If Yes:** What health insurance does the client have? ☐ Medicaid ☐ Medicare ☐ DC Alliance ☐ Private ☐Other public ☐Self-pay ☐ Other ☐ None ☐ Unknown
b. **If Yes:** Was a need for health insurance identified? (i.e. uninsured, underinsured, need financial assistance) ☐ Yes ☐ No
c. **If Yes:** Was the client referred to a health insurance navigator**?** ☐ Yes ☐ No

d. **If Yes:** Referral Date____/_____/_____
e. **If Yes:** Was the client linked to or helped by a navigator to get health insurance? ☐ Yes ☐ No
f. **If need identified:** Was the client enrolled in health insurance? ☐ Yes ☐ No
g. **If Yes:** Date enrolled in health insurance ____/_____/_____
35. Did the client receive behavioral risk reduction counseling? ☐ Yes ☐ No ☐ N/A
a. **If Yes:** Date received behavioral risk reduction counseling ____/_____/_____
36. Was the client provided linkage or re-engagement intervention services? ☐ Yes ☐ No ☐ Declined ☐ Unknown
a. **If Yes:** Date of linkage or re-engagement intervention services ____/_____/_____
b. Was the client provided retention intervention services? ☐ Yes ☐ No ☐ Declined ☐ Unknown
c. **If Yes:** Date of retention intervention services ____/_____/_____
G. PrEP and nPEP (HIV-Negative Clients Only) (repeatable section)
37. Was the client screened for PrEP? ☐ Yes ☐ No
a. **If Yes:** Date screened for PrEP ____/_____/_____
b. **If Yes:** Was the client eligible for PrEP? ☐ Yes ☐ No
c. **If Yes:** Was the client referred to a PrEP provider? ☐ Internal provider ☐ External provider ☐ No
d. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
e. **If referred**: Referral date____/_____/_____
f. **If referred:** Appointment date____/_____/_____
g. **If external provider:** Where was the client referred?
h. **If referred:** Did the client attend this appointment? ☐ Yes ☐ No
i. **If referred:** Why were they interested in taking PrEP? (check all that apply) ☐ Occasional HIV positive partners ☐ Reduce my risk of getting HIV ☐ Don't want to use condoms with my partners ☐ Transitioning form nPEP ☐ Fear of getting HIV ☐ In a sero-discordant relationship ☐ Other (please specify)
j. **If attended appt:** Was the client prescribed PrEP? ☐ Yes ☐ No

k. **If Yes:** Date prescribed PrEP ____/_____/_____
l. **If prescribed:** Was the client provided PrEP adherence support? ☐ Yes ☐ No
m. **If prescribed:** Did the client stop taking PrEP? ☐ Yes ☐ No
n. **If Yes:** Date stopped PreP: ____/_____/_____
o. **If Yes:** Why did they stop PrEP? (select all that apply) ☐ No longer at risk ☐ HIV Positive ☐ Side effects ☐ Lost health insurance ☐ Provider no longer available ☐ Did not fill prescriptions ☐ Cannot remember to take pills ☐ Stigma ☐ No longer in sero-discordant relationship ☐ Other (please specify)
p. **If prescribed:** Which follow-up appointments did the client attend? (select all that apply) ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ 15 months ☐ 18 months ☐ 21 months ☐ 24 months ☐ 27 months ☐ 30 months ☐ 33 months ☐ 36 months
38. Was the client screened for nPEP? ☐ Yes ☐ No
a. Date screened for nPEP ____/_____/_____
b. **If Yes:** Was the client eligible for nPEP? ☐ Yes ☐ No
c. **If Yes:** Was the client referred to a nPEP provider? ☐ Internal ☐ External ☐ No
d. **If not referred:** Why wasn't the client referred? ☐ Client already in care ☐ Client declined care
e. **If referred:** Referral date ____/_____/_____
f. **If referred:** Appointment date____/_____/_____
g. **If external provider:** Where was the client referred?
h. **If referred:** Did the client attend this appointment? ☐ Yes ☐ No
i. **If Yes:** Was the client prescribed nPEP? ☐ Yes ☐ No
j. **If Yes:** Date prescribed nPEP: ____/_____/_____
k. **If prescribed:** Was the client provided nPEP adherence support? ☐ Yes ☐ No
l. **If prescribed:** Did the client complete the 28 day nPEP regimen? ☐ Yes ☐ No
m. **If No:** Date stopped nPEP: ____/_____/_____
n. **If prescribed:** Number of days missed of 28-day nPEP course:
o. **If No:** Why did they stop nPEP? ☐ HIV Positive ☐ Side effects ☐ Cannot afford ☐ Lost health insurance ☐ Provider no longer available ☐ Did not fill prescriptions ☐ Cannot remember to take pills ☐ Stigma ☐ Other (please specify)