

HIV/AIDS, Hepatitis, STD, Tuberculosis Administration

Funding Opportunity

Medical Nutrition Therapy Services for DC Food Bank Providers



RFA# HAHSTA_MNTF07.20.18

Application Due Date: August 17, 2018, 6 PM EST

The Department of Health (DC Health) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DC Health reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DC Health, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the DC 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.

Department of Health (DC Health)
HIV/AIDS, Hepatitis, STD, Tuberculosis Administration (HAHSTA)
Notice of Funding Availability (NOFA)
RFA# HAHSTA_MNTF07.20.18

Medical Nutrition Therapy for DC Food Bank Providers

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

General Information:

Funding Opportunity Title:	Medical Nutrition Therapy for DC Food Bank Providers
Funding Opportunity Number:	FO-HAHSTA-PG-00161-001
Program RFA ID#:	HAHSTA_MNTF07.20.18
Opportunity Category:	Competitive
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD, Tuberculosis Administration
DC Health Program Bureau	Care and Treatment Division
Program Contact:	Avemaria Smith, RWHAP Program Manager, Avemaria.smith@dc.gov ; 202.671.4900
Program Description:	The HIV/AIDS, Hepatitis, STD, Tuberculosis Administration is soliciting applications from current Ryan White-funded Food Bank providers to provide Medical Nutrition Therapy Services to District Residents.
Eligible Applicants	Organizations that are currently funded by the Ryan White HIV/AIDS Program to deliver Food Bank Services in the District of Columbia.
Anticipated # of Awards:	3
Anticipated Amount Available:	\$195,000.00
Floor Award Amount:	\$50,000.000
Ceiling Award Amount:	\$65,000.00

Funding Authorization

Legislative Authorization	Fiscal Year 2019 Budget Support Act of 2018
Associated CFDA#	N/A

Associated Federal Award ID#	N/A
Cost Sharing / Match Required?	No
RFA Release Date:	July 20, 2018
Pre-Application Meeting (Date)	July 26, 2018
Pre-Application Meeting (Time)	10:00am – 12:00pm
Pre-Application Meeting (Location/Conference Call Access)	899 North Capitol Street, NE, 4 th Floor, Washington, DC 20002
Letter of Intent Due date:	Not required
Application Deadline Date:	August 17, 2018
Application Deadline Time:	6:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse http://opgs.dc.gov/page/opgs-district-grants-clearinghouse . DC Health EGMS https://dcdoh.force.com/GO_ApplicantLogin2

Notes:

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

**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 (DC HEALTH) and to all awards, if funded under this RFA:

- Funding for a DC HEALTH subaward is contingent on DC HEALTH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DC HEALTH 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 DC HEALTH to make any award.
- Individual persons are not eligible to apply or receive funding under any DC HEALTH RFA.
- DC HEALTH reserves the right to accept or deny any or all applications if the DC HEALTH determines it is in the best interest of DC HEALTH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC HEALTH shall notify the applicant if it rejects that applicant's proposal for review.
- DC HEALTH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DC HEALTH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DC HEALTH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DC HEALTH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- 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.
- DC HEALTH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DC HEALTH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.
- DC HEALTH may enter into negotiations with an applicant and adopt a firm funding amount

or other revision of the applicant's proposal that may result from negotiations.

- DC HEALTH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- 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.
- DC HEALTH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC HEALTH under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

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

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

TABLE OF CONTENTS

Contents

I. Overview1

II. Program Activity Description3

III. General Requirements4

IV. Monitoring, Evaluation, and Quality Improvement4

V. Program and Administrative Requirements6

VI. Pre-Application Requirements.....9

VII. Application Preparation and Submission10

VIII. Review and Selection of Applications14

IX. Scoring Criteria15

X. Grant Terms and Conditions18

XI. Additional Program and Administrative Terms18

III. Attachments.....20

NOTICE
PRE-APPLICATION CONFERENCE
RFA #HAHSTA_MNTF07.20.18

FO-HAHSTA-PG-00161-001

WHEN: THURSDAY, JULY 26, 2018

**WHERE: DEPARTMENT OF HEALTH
899 NORTH CAPITOL STREET, NE
4TH FLOOR CONFERENCE ROOM
WASHINGTON, DC 20002**

TIME: 10:00A.M. - 12:00 P.M.

CONTACT:

Avemaria Smith
Program Manager, Ryan White HIV/AIDS Program
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
DC Department of Health (DC Health)
899 North Capitol Street NE, 4th Floor
Washington, DC 20002
202.671.4900 phone
202.671.4860 fax

Note that all questions may be archived and shared with the general public.

I. Overview



In 2015, the District of Columbia Department of Health (DC HEALTH) HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA) implemented its 90/90/90/50 Plan, which endeavors to end the HIV epidemic in Washington, DC by 2020. The second and third goals in the 90/90/90/50 Plan are: 2) 90% of District Residents diagnosed with HIV are in treatment; and 3) 90% of District Residents diagnosed with HIV who are in treatment reach viral load suppression. In support of these goals, HAHSTA developed and implemented a regional system of care for people living with HIV/AIDS in the

Washington, DC Eligible Metropolitan Area. This system includes a compendium of core medical and supportive services that offers an individualized panel of services to eligible clients with the desired outcomes of engaging HIV positive persons in care and increasing viral suppression rates. Increasing viral suppression rates not only improves the health outcomes of those living with HIV/AIDS, it assists with the fourth goal of the 90/90/90/50 Plan of reducing new HIV infections. People living with HIV that are virally suppressed do not transmit HIV to others.

HAHSTA dedicates millions of dollars each year to HIV prevention, care and treatment strategies that support its 90/90/90/50 Plan. It leverages its local funds to expand its network of services, creates opportunities for innovation, and addresses gaps or unmet needs of its consumers and providers.

Purpose of this Request for Applications

HAHSTA's Ryan White HIV/AIDS Program funds several community providers to offer Food Bank Services. Food Bank programs provide high quality, nutritious foods directly to people living with and affected by HIV/AIDS. HAHSTA requires providers to conduct nutritional screenings and assessments of its Food Bank clients on a regular and ongoing basis.

Some clients have a demonstrated need for more in-depth nutrition and counseling services beyond that which can be supported by Food Bank programs. Medical Nutrition Therapy services (MNT) is one way to close the gap for those clients with increased nutritional needs. MNT uses Registered Dietitians and/or Nutritionists to provide nutritional diagnostic services and treatment. It also increases health literacy through individual and group education counseling and assesses the clients' need for nutritional supplementation.

The purpose of this RFA is to solicit applications from existing Ryan White funded Food Bank Services providers that want to provide Medical Nutrition Therapy Services to its clients. These MNT programs will complement existing Food Bank programs by providing additional services to clients beyond what is required by the Food Bank and Home-Delivered Meals Service Standard. MNT Services awarded under this RFA are not restricted to Food Bank clients and should be made available to all eligible clients with a referral from a medical provider and a demonstrated need for MNT services.

Focus Population

These services are intended to support indigent, uninsured, and under-insured persons living with HIV that are eligible to receive Food Bank and Medical Nutrition Therapy Services in the District of Columbia.

Available Funding

Service Category	Funding Source	Total Funds Available	Anticipated # of Awards
Medical Nutrition Therapy Services	Local Appropriated	\$195,000	3

The availability of funding for this RFA is contingent upon the availability of funds to the District of Columbia HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).

Period of Funding

Grants awarded under this RFA are expected to begin on October 1, 2018. The budget period is October 1, 2018 through September 30, 2019.

HAHSTA may elect to continue funded programs for an additional period of three years beyond the initial award period, through September 30, 2022. Continuations are at the discretion of HAHSTA and will be exercised based upon satisfactory program performance and grant compliance, the availability of continued funding, and the compatibility with HAHSTA’s business model. HAHSTA reserves the right to change the funding mechanism by which it supports programming at any time.

Eligible Applicants

For this RFA, applicants are restricted to those entities currently receiving Ryan White funds to provide Food Bank Services in the District of Columbia.



Location of Services

Applicants must be located in Washington, DC and must provide services to District Residents. Applicants are responsible for documenting the availability of locations proposed and for securing/maintaining all applicable assurances and certifications necessary to transact business in the District.

II. PROGRAM ACTIVITY DESCRIPTION

Medical Nutrition Therapy Services



Service Category Definition

Medical Nutrition Therapy is a nutrition-based medical approach that assesses the nutritional status of patients. MNT involves nutritional diagnostic, treatment and counseling services performed by a registered dietitian or other licensed nutrition professional. Medical Nutrition Therapy includes the provision of nutritional supplements and has the goal of developing and setting healthy dietary regimens for people who are HIV positive and gives priority to creating individualized action plans based on the client's drug-regimen. The provision of medical nutrition therapy can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Key activities include:

1. Nutrition assessment and screening;
2. Dietary/nutrition evaluation;
3. Food and/or nutritional supplements per medical provider's recommendation; and,
4. Nutrition education and/or counseling.

Applicants proposing to provide medical nutrition therapy must describe their proposed program components and detail how they will support the service category program activities. Proposals should include:

1. A description of services that include culturally appropriate nutrition education, as well as referrals to food assistance programs such as: food stamps; the special supplemental food program for women, infants and children (WIC); the Commodity Supplemental Food Program; food banks; home delivered meals and emergency food;
2. A description of nutritional services that are integrated with outpatient HIV primary medical care programs and provide information regarding medication interactions and side effects;
3. A description of a successful integrated collaboration with current Ryan White Food Bank services to meet the needs of the population to be served, including how clients are identified and what linkages exist with primary care and case management providers; and
4. The provision of a baseline and targets of the number of clients to be served, including the specific frequency and duration.

III. General Requirements

Items 1-6 below describe required elements for all successful applications. Applicants should reference how they will accomplish these requirements in the application Program Description.

1. Referral Sources

The applicant is responsible for accepting referrals from hospitals, physicians, community organizations, HIV service providers, and discharge planners in the correctional system, as well as from individuals seeking services for themselves or on behalf of others.

2. Coordination among Agencies

The applicant is responsible for developing linkage agreements with shelters, congregate living facilities, community residential facilities (CRFs), day treatment facilities including, primary care sites, skilled nursing facilities, personal care services, and other potential referral sources for persons living with HIV seeking care.

3. Staff Cultural Competency

The applicant is responsible for employing culturally competent staff that reflects the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) the applicant expects to serve.

4. Preparation of Project Work Plan, Budget and Budget Narrative Justification

The applicant is responsible for preparing a work plan, budget, and budget justification for the proposed service category.

IV. Monitoring, Evaluation, and Quality Improvement

HAHSTA will use local DC Appropriated funds to support the programs awarded under this RFA. Traditionally, Medical Nutrition Therapy Services have been funded by Ryan White funds and therefore beholden to the Ryan White Program standards of performance and monitoring. Despite the different funding stream used to support this service, the Medical Nutrition Therapy programs identified through this solicitation will adhere to Ryan White Standards for Program Monitoring, Evaluation, and Quality Improvement.

Successful applicants shall have a plan for Evaluation, Monitoring and Quality Improvement that includes a continuous quality improvement system and an implementation work plan to monitor and evaluate the delivery of all services, to ensure that identified deficiencies are addressed.

Successful applicants shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting.

Successful applicants shall adhere to all current and newly revised standards and protocols as they become effective. The Washington, DC Regional Planning Commission on Health and HIV has an ongoing process of revising the Service Standards for the EMA's funded service categories. The Medical Nutrition Therapy Service Standard is included in EGMS as Appendix 1.

A. National Monitoring Standards

All successful applicants are required to meet all responsibilities outlined in the National Monitoring Standard expectations for fiscal, programmatic and universal monitoring of Part A programs. Any sub-grantee found to be non-compliant with the standards at any time, will be held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. Please see the following website for more information:

<http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

B. Monitoring

a. Successful applicants will be monitored and evaluated by HAHSTA according to the scope of work, approved budgets and related service delivery standards.

b. Successful applicants will be responsible for assuring that all clients receiving services provided through funds detailed in this RFA sign the appropriate written consent forms.

c. Successful applicants will have all written policies and procedures applicable to the project, as well as monthly, quarterly, annual program and fiscal reports reviewed by HAHSTA. HAHSTA will conduct site inspections; and hold periodic conferences with the successful applicant to assess performance in meeting the requirements of the grant.

C. Evaluation

The performance of successful applicants shall be assessed to determine the quality of the services delivered. The successful applicants' fiscal performance shall be assessed to determine compliance with accounting standards, Office of Management and Budget Circulars and expenditure requirements. These evaluations may include a pre-award site visit.

D. Quality Management – What is the requirement for local funds for quality and data collection? CAREWare portion is not applicable.

HAHSTA's expectation of Program grantees with respect to improving the quality of care and establishing quality management programs may be found online at:

<http://hab.hrsa.gov/deliverhivaidscares/qualitycare.html>.

HRSA guidance in selecting the appropriate service- and client-level performance measures is also available online at:

<http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html>; and <https://careacttarget.org>.

Successful applicants are also required to meet local quality management standards and participate in local quality management activities as directed by HAHSTA.

E. Data Collection and Reporting

Successful applicants must be able to track and report unduplicated client-level demographic, clinical/medical, and core and support services data. CAREWare is a HRSA-supported software program at no cost with technical assistance available. All successful applicants will be required to use CAREWare, or a system that is compatible with CAREWare, to report client-level data. Training and technical assistance on the use and submission of data via CAREWare will be available.

Information about CAREWare, included download instructions, can be obtained at:

<http://hab.hrsa.gov/manageyourgrant/careware.html>.

All providers will be required to submit timely and accurate CAREWare data files to meet reporting requirements. All providers will be required to collaborate with and share clinical and service information for the purpose of coordinating care. Failure to comply with data requirements can result in the termination of an agency's grant with the District of Columbia government.

For coordination of care and services purposes, each awardee must have the ability to exchange relevant data with each partner agency, as applicable. All data exchanges must be secure, consistent with client disclosure authorization protocols as determined by all local and federal laws, including the Health Information Portability and Accountability Act (HIPAA).

V. Program and Administrative Requirements

Program Requirements

1. Nondiscrimination in the Delivery of Services

In accordance with District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01, as amended, no person shall be denied the benefits of, or be subjected to discrimination under, any service category receiving District of Columbia appropriated funds, on the grounds of, but not limited to, race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business.

2. Client Eligibility Criteria

The following criteria must be used by service providers to determine client eligibility for services:

- a. Be a resident of the District of Columbia
- b. Be HIV positive; and
- c. Have an annual gross income no greater than 500% of the Federal Poverty Guidelines.

3. Grievances

- a. Successful applicants shall develop and implement an agency grievance procedure that is sensitive to the needs of the target population. Successful applicants must include a copy of their internal client grievance procedures prior to signing for the grant award.
- b. Successful applicants shall inform clients of their rights and responsibilities, agency-wide grievance procedures, and services offered by the agency. Clients must provide their signature to acknowledge their receipt of this information.

4. Reports

Successful applicants will be required to submit monthly, quarterly, annual and final reports to HAHSTA; house and manage a client-level data system (CAREWare – See Data Collection and Reporting above); and to participate in all site visits, evaluation and quality assurance activities as required by HAHSTA. All reports contain required information in the format determined by HAHSTA. Reports may include the following:

1. Service Utilization by Service Category
2. Performance Measures / Quality Improvement
3. Client Demographics
4. Programmatic Narrative Information
5. Financial Expenditure and Supporting Documentation

5. Records

a. Successful applicants shall keep accurate documentation of all activities of the project. When delivering services to clients, the awardees must maintain records reflecting initial and periodic assessments (if appropriate), eligibility assessments every six months, initial and periodic service plans; and the ongoing progress of each client.



b. Successful applicants shall maintain compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality and security of client information.

Administrative Requirements

1. Staff Requirements

For the purposes of this grant, “staff” is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these Local appropriated funds.



- a. Successful applicants shall maintain documentation that staff possess adequate training and competence to perform the duties which they have been assigned.
- b. Successful applicants shall maintain a complete written job descriptions for all positions funded through the grant, which must be included in the project files and be available for inspection on request. When hiring staff for this grant project, successful applicants shall obtain written documentation of relevant work experience and personal references.
- c. Successful applicants that use individual contracted workers and or individual consultants must have signed and dated written contractual agreements maintained in a contract file.
- d. Successful applicants shall maintain an individual personnel file for each project staff member. Personnel files must be available to the HAHSTA upon request;
- e. Successful applicants shall provide orientation sessions for each staff member with respect to administrative procedures, program goals, and policies and practices to be adhered to under the grant agreement.
- f. Successful applicants shall demonstrate sufficient supervision of staff attached to projects and maintain evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services.

2. Memoranda of Understanding/Agreement (MOU/A) and Subcontracts

- a. MOU and subcontracts must clearly state objectives, goals, mutual obligations and quantifiable outcomes that are consistent with the terms and conditions required by HAHSTA.
- b. All MOU/A and subcontracts must be signed and dated by both parties within six months prior to the application due date and include an effective term that reflects FY 2019 grant period, that is, through September 30, 2019.

3. Facility Requirements

- a. Regulations

Successful applicants' facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use throughout the term of the grant agreement.

b. Emergency Back-up Site

Successful applicants shall submit the address of the identified emergency site facility for use as a result of a catastrophic event of the primary facility.

c. Handicapped Access

All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act of 1990, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

4. Use of Funds

Successful applicants shall only use grant funds to support Medical Nutrition Therapy services. Funds detailed in this RFA cannot be used to provide cash and/or direct financial assistance to individuals with HIV disease or to fund education and training for clients outside the scope of the Medical Nutrition Therapy Service Standard.

5. Insurance

Successful applicants shall show proof of all insurance coverage required by law. All applicants that receive a Notice of Intent to Fund under this RFA must meet the insurance requirements in “Grant Terms & Conditions” section within the time frame designated.

6. Audits

Prior to the issuance of a Notice of Grant Award (i.e. Pre-Award), DC HEALTH will request that the applicant being considered for funding submit for review a copy of its most recent and complete set of audited or unaudited financial statements (applying the Single Audit requirement), to include, but not limited to, the organizational budget, income/profit-loss statement, balance sheet and organizational filings to the IRS dating back to 3 years.

At any time before final payment and in accordance to federal, state and local laws thereafter, successful applicants will be required to keep all financial records, as the District of Columbia may have the applicant’s expenditure statements and source documentation audited.

VI. Pre-Application Requirements

Pre-application Conference

One Pre-Application Conference will be held to provide an overview of the funding announcement, its programmatic requirements, and review process. The meeting will be held on **July 26, 2018** from 10:00am to 12:00 pm at HAHSTA, located at 899 North Capitol Street, NE, 4th Floor, Washington, DC 20002.

Please note that printed copies of the RFA will *not* be provided.

Questions Regarding the RFA

Applicants may submit questions about the RFA via e-mail to twana.holmes@dc.gov no later than **Tuesday, July 31, 2018 at 6:00pm.**

HAHSTA will notify all potential applicants in writing of any updates, addenda and responses to frequently asked questions by **Monday, August 6, 2018.**



VII. 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. **Application materials should be organized in two PDF attachments marked “Written Proposal” and “Business Documents.”** Application elements number 1 through 7 should be included in the Written Proposal PDF file submission. The application elements outlined under number 10 should be included in the PDF file marked Business Documents.

An application package includes the following elements:

1. Table of Contents
2. Applicant Profile (Attachment A)
3. Organization Knowledge and Capacity (2 page **maximum**)
4. Project Description (6 pages **maximum**)
5. Linkages Summary (Attachment B.)
6. Work Plan (Attachment C.)

7. Categorical Budget and Budget Narrative (Attachment D.)
8. Federal, District and DC HEALTH Statements of Assurances and Certifications (Reviewed and Accepted via EGMS)
9. DC HEALTH Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)
10. Mandatory Certification Documents* (**The following business documents are required for application submission:**)
 - a. Assurances/Certifications/Disclosures (signed)
 - b. A current business license, registration, or certificate to transact business in the relevant jurisdiction
 - c. 501(c)(3) certification (for non-profit organizations)
 - d. City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands)
 - e. Official list of Board of Directors on letterhead and signed by the authorized executive of the applicant organization
 - f. Medicaid Certification, if applicable

The number of pages designated above represents the **maximum number of pages permitted per section**. External reviewers will be instructed to disregard narratives that exceed page limits and score sections accordingly.



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) **Applicant Profile** –The Applicant Profile is provided as Attachment A. It captures important information about the applicant organization and summarizes the request for funding.
- 3) **Organizational Knowledge and Capacity**
 - Description of the history of the agency, specifically, the history in providing services to People Living with HIV/AIDS (PLWHA) in Washington, DC.
 - Level of organization’s competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.

- 4) Project Description** - The purpose of this section is to provide a thorough description of the proposed projects and how they will improve health outcomes (see Attachment E: 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. This section will be reviewed in conjunction with Linkages Summary (Attachment B), so direct references to these tables may be included. More specifically, the following elements must be included:

Describe the population to be served

Applications must describe the geographic area where the target population is found, the need for services, the demographic characteristics of the population to be served and the barriers to care experienced by the population to be served, as well as ways in which you will address those barriers.

Describe the proposed services and how they will improve health outcomes (see Attachment E).

- Applications must describe with specific detail how your agency will provide services in accordance with the service category definitions and key activities;
 - Applications should pay special attention to addressing the issues highlighted in the ‘key activities’ sections of the service category. These activities highlight areas of known technical complexities, service gaps, or frequent challenges. Approaches to addressing these issues are critical;
 - Applications must develop goals and objectives for the proposed project that are clearly defined, measurable, time-specific and responsive to service area specific goals and priorities;
 - Describe how the proposed activities will impact the following health outcomes: 1) retention and stability in care over time; 2) decreased viral load and increased CD4 counts; 4) fewer hospitalizations; 5) fewer opportunistic infections; and 6) improved quality of life;
 - Applications must describe how the agency will determine client eligibility and enroll and maintain clients in care; and
 - Applications must describe how the agency will make services accessible by detailing your hours of operation and flexible schedules that provide for evening and weekend hours of operation.
- 5) Linkages Summary** - Applicants must complete the attached Linkages Summary Table, which outlines the Service Categories and the level of direct and indirect service provision.

- 6) **Work Plan** - Applicants must complete the work plan attachment, offering proposed targets and the goals and objectives for the proposed program.

7) **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 template. The form is posted electronically as a separate Microsoft Excel file alongside this RFA and is marked Attachment D. Please do not change the format or content areas of the Excel workbook.

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).

A maximum of ten percent (10%) of the amount budgeted for direct services is permitted for all administrative or indirect costs activities.

8) **Assurances and Certifications**

Assurances/certifications are of two types: those required to submit the application (I) and those required to sign grant agreements (II). Failure to submit the required assurance package will deem the application ineligible for funding consideration.

I. Assurances (business documents) **Required to Submit Applications**

- Signed Assurances and Certifications
- City Wide Clean Hands Compliance Status Letter (formerly Certification of Clean Hands)
- 501 (c) 3 Certification or Articles of Incorporation
- Official List of Board of Directors on letterhead, for 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

II. Assurances (business documents) **Required to Execute Grant Agreements** for funds awarded through this RFA.

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for funded services.
- Home Health/Home Hospice License, if applicable
- Certification of current/active Articles of Incorporation from DCRA.

- Certificate of Good Standing 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 Submission Requirements
 - Criminal Background checks
 - Other Special licensing/certification required to conduct business for which these funds have been awarded in the District of Columbia or applicable jurisdiction

D. Application Submission (Enterprise Grants Management System)

Effective October 2016, all application submissions must be done electronically via Department of Health’s Enterprise Grants Management System (EGMS), DC HEALTH’s web-based system for grant-making and grants management. Eligibility for funding under this RFA is restricted to entities currently funded by HAHSTA to provide Ryan White Food Bank Services. Applicant organizations have accounts already, but should ensure that all accounts are active and correspond with the agency’s current staff. Also, take note that only the Primary Account User is authorized to submit an application on behalf of the organization. Currently, Secondary Account Users do not have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application. Applicant organizations are encouraged to begin work on the application in EGMS in a timely fashion.

Review the EGMS External User Recorded Webinar for information on the submission process and navigation of EGMS. Please submit a help desk request for assistance with technical difficulties.

<https://dcnet.webex.com/dcnet/ldr.php?RCID=957d2b20dd173112ea7c2bb1025fcb33>

[\(If you have trouble linking, try Google Chrome and not Internet Explorer\)](#)

Details on the required components of the application are outlined in this document under Section VII: Application Preparation and Submission. **Application materials should be assembled into two PDF attachments marked “Written Proposal” and “Business Documents.”** The documents will be uploaded directly into the application in EGMS.

VIII. Review and Selection of Applications

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

External Review– The review panel will be composed of neutral, qualified, professional individuals that 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 – DC HEALTH program staff will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program staff 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 risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC HEALTH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct 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, DC HEALTH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC HEALTH to fund the applicant.

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

IX. Scoring Criteria

For this competition, each written proposal will have a maximum point value of 50 points. The breakdown of available points per criterion is as follows:

- A. Organizational Background and Capacity - 15 points
- B. Project Description – 20 points
- C. Linkages Summary (attachment B) – 5 points
- D. Work Plan (attachment C) – 10 points
- E. Budget and Budget Narrative – Required, but Not Scored

Criterion A: Organizational Background and Capacity (Total 15 Points)

Organizations will be scored on the extent to which past and current experience and structure provide a strong likelihood for success in the achievement of key activities. Specific areas of review include:

- a. Description of the history of the agency, specifically, the history in providing services to People Living with HIV/AIDS (PLWHA) in the District.
- b. Level of organization's competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.
- c. Demonstrated experience providing Food Bank Services to District Residents.

Criterion B: Project Description (Total 20 Points)

This section will be evaluated on the extent to which the proposal includes 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.

- a. The applicant has described how their your agency will provide services in accordance with the service category definitions, key activities, and detail activities that will focus on the highlighted areas of known technical complexities, service gaps, or frequent challenges;
- b. The applicant has described how their proposed activities will impact the following health outcomes: 1) retention and stability in care over time; 2) decreased viral load and increased CD4 counts; 4) fewer hospitalizations; 5) fewer opportunistic infections; and 6) improved quality of life;
- c. Extent to which the plan to provide services matches the service category definitions and key activities;
- d. The goals and objectives of the proposed project are clearly defined, measurable and time-specific, and respond effectively to service area specific goals and priorities;
- e. The applicant has described how the organization will make services accessible by detailing its hours of operation and flexible schedules that may provide for evening and weekend hours of operation;
- f. The applicant has described describe how the agency will determine client eligibility and enroll and maintain clients in care.

Criterion C: Linkage Summary (Attachment B) (Total 5 Points)

This section will be evaluated on the extent to which the linkage summary table includes a thorough illustration of services, which outlines the Service Categories and the level of direct and indirect service provision.

- a. The extent to which the applicant illustrated the ability to connect clients to Outpatient Ambulatory Health Services directly or indirectly.
- b. The extent to which the applicant demonstrates the ability to provide or link clients to Medical/non-Medical Case Management or Support Services.

Criterion D: Work Plan (Attachment C) (Total 10 Points)

This section will be evaluated on the extent to which there is a work plan for the proposed project. The work plan must include proposed targets for service delivery.

- a. The goals and objectives of the proposed project are clearly defined, measurable and time-specific, and respond effectively to service area specific goals and priorities.

Criterion E: Budget and Budget Narrative (No Points Awarded)

The budget and budget narrative will be reviewed during the selection process, but are not included in the scoring of the proposal. Comments on the budget will be accepted from the review panel and the technical reviewers, and will guide budget negotiations for selected applications.

In preparing budgets, applicants must:

- a. Maximize the cost efficiency of the service provided;
- b. Provide a clear description of the contribution of each budget item proposed toward the overall goals of the program;
- c. Support appropriate direct and indirect expenses;
- d. Request a maximum 10% for administrative costs.

Pre-Award Activities

Successful applicants will receive a letter of Notice of Intent to Fund from HAHSTA. Grant award activities will take place in EGMS. Successful applicants will interact with HAHSTA staff to review draft contract provisions, prepare final Table(s) A: Scope of Work and Budget Format and Budget Narratives. All requisite templates will be provided at that time.

Organizations receiving Notification of Intent to Fund cannot begin activities until a Notice of Grant Award (NOGA) is issued and a Grant Agreement has been signed by the DC HEALTH Director and accepted by the Grantee. The Applicant shall not announce

publicly receipt or award of funding from DC HEALTH under this RFA until an actual DC HEALTH NOGA is received.

X. Grant Terms and Conditions

All grants awarded under this program shall be subject to the DC HEALTH Standard Terms and Condition for all DC HEALTH – issued grants. Details are provided as Attachment F for this RFA.

XI. Additional Program and Administrative Terms:

Reporting and Continuation of Funding

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

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 planning process, evolution of best practices or other locally relevant evidence.



District of Columbia Regulatory Requirements

- a. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations annually (conducted through local law enforcement agency) on all paid or volunteer service providers.
- b. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate jurisdictional licenses with grant proposals.

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 HIPAA.

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 to persons with mobility limitations.

Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

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: T'Wana L. Holmes via e-mail twana.holmes@dc.gov or by phone at (202) 671- 4900.

RFA ATTACHMENTS:

- Attachment A: Applicant Profile
- Attachment B: Linkages Summary
- Attachment C: Work Plan (Separate Attachment)
- Attachment D: Budget and Budget Narrative (Separate Attachment)
- Attachment E: Health Outcomes
- Attachment F: DC HEALTH Standard Terms and Conditions (Separate Attachment)
- Attachment G: RFA Dispute Resolution Policy (Separate Attachment)
- Attachment H: Assurances/Certifications/Disclosures (Separate Attachment)