DC | HEALTH

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION

REQUEST FOR APPLICATIONS

HealthySteps Program

Submission Deadline:
February 28, 2020 at 6:00 pm

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

**DEPARTMENT OF
HEALTH (DC Health)
NOTICE OF FUNDING
AVAILABILITY (NOFA)
Community Health
Administration
(CHA) RFA#: CHA-
HSP-01.31.20
HealthySteps
Program**

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

General Information:

Funding Opportunity Title:	HealthySteps
Funding Opportunity Number:	FO-CHA-PG-00001-002
Program RFA ID#:	CHA-HSP-01.31.20
Opportunity Category:	Competitive
DOH Administrative Unit:	Community Health Administration
DOH Program Bureau	Family Health Bureau
Program Contact	Erica McClaskey, MD MS Community Health Administration Erica.mcclaskey@dc.gov
Program Description:	The Department of Health (DC Health), is soliciting applications from qualified applicants to implement the evidence-based primary care program, HealthySteps. The purpose of this program is to offer families enhanced well-child visits and consultations emphasizing the promotion of children's development. This RFA will make available $600,000 for up to two awards annually over four years to implement the HealthySteps program. The anticipated performance and budget period will start in April 2020. Subsequent to the first 6-months project period, there will be up to four 12-month optional years.

	The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and the recipient performance.
Eligible Applicants	Federally Qualified Health Centers and/or pediatric and family medicine primary care practices located and licensed to conduct business within the District of Columbia
Anticipated # of Awards:	2
Anticipated Amount Available:	$450,000.00
Floor Award Amount:	$100,000.00
Ceiling Award Amount:	$450,000.00

Funding Authorization

Legislative Authorization	District of Columbia Fiscal Year 2020 Budget Support Act of 2019
Associated CFDA#	Not Applicable
Associated Federal Award ID#	Not Applicable
Cost Sharing / Match Required?	No
RFA Release Date:	Friday, January 31, 2020
Pre-Application Meeting (Date)	Friday, February 7, 2020
Pre-Application Meeting (Time)	10:30 am to 12:30 pm
Pre-Application Meeting Location	899 North Capitol Street, NE Washington, DC 20002 3rd Floor Conference Room (306)
Conference Call Access	Not Applicable
Letter of Intent Due date:	Not Applicable
Application Deadline Date:	Friday, February 28, 2020
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. DOH EGMS https://dcdoh.force.com/GO_ApplicantLogin2

Table of Contents

District of Columbia Department of Health RFA Terms and Conditions

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

A. 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.

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

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

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

E. 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.

F. 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).

G. 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.

H. 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.

I. 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.

J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

K. 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.

L. 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.

M. 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.

N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.

O. 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.

P. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

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

If your agency would like to obtain a copy of the **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.

GENERAL INFORMATION

Key Dates

- Notice of Funding Announcement Date: Friday, January 17 2020
- Request for Application Release Date: Friday, January 31, 2020
- Pre Application Meeting Date: Friday, February 7, 2020
- Application Submission Deadline: Friday, February 28, 2020
- Anticipated Award Start Date: Monday, April 6, 2020

Overview

The District of Columbia, Department of Health's (DC Health), Community Health Administration (CHA) is soliciting applications from qualified Federally Qualified Health Centers and/or pediatric and family medicine primary care practices located and licensed to conduct business within the District of Columbia to implement the evidence-based primary care program - HealthySteps.

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that aims to provide infants and toddlers with social-emotional and developmental support by strengthening family engagement with the Medical Home (https://www.healthysteps.org/). The HealthySteps Specialist, a child development expert, joins the pediatric primary care team to ensure universal medical, developmental, and social-emotional screenings. They provide tailored interventions, referrals, and follow-up to the whole family. The HealthySteps Specialist offers screening and support for common and complex concerns that physicians often lack time to address, including feeding, behavior, sleep, attachment, depression, social needs, and adapting to life with a baby or young child.

Source of Grant Funding

Funding is made available under the District of Columbia Fiscal Year 2020 Budget Support Act of 2019.

Award Information

Amount of Funding Available
This RFA will make available **$600,000** for up to two awards annually to implement the HealthySteps program.

Performance and Funding Period
The anticipated performance and budget period will start in April 2020. Subsequent to the first 6 months budget period, there will be up to four additional (12-month) years. The project period for these awards is from date of award in April, 2020 to September 30, 2024. The number of awards, budget periods, and award amounts is contingent upon the continued availability of funds and the recipient performance.

Eligible Organizations/Entities

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

- Non-profit organizations
- Private organizations
- Public organizations
- Faith-based organizations

Organizations that will be considered for funding must meet the above eligibility criteria and have documentation of providing services (health and social services) for the early childhood population and/or their families in the District of Columbia. Applicants must provide letters of commitment or letters of support for existing partnerships if performance will depend on another organization.

Administrative Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for administrative costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

Non-Supplantation

Recipients must supplement, and not supplant, funds from other sources for initiatives that are the same or similar to the initiatives being proposed in this award.

Application Formatting

The application is written on 8½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type (10 point font for tables and figures) with a minimum of one-inch margins. Applications that do not conform to these requirements will not be forwarded to the review panel.

Project Narrative Page Limit

The total size of all uploaded files may not exceed the equivalent of **40 pages** when printed by DOH. The page limit includes the following documents:

- Project Abstract
- Logic Model - Attachment 2
- Project narrative-Attachment 1
- Budget justification - Attachment 8

- Organizational Chart - Attachment 5
- Staffing Plan - Attachment 6
- Partnerships Documentation - Attachment 4
- Work Plan - Attachment 3

BACKGROUND & PURPOSE

Background[1]

There are approximately 42,828 children between the ages of zero and five in the District of Columbia, in which nearly half are under three years of age. Forty-five percent of children under three years live in Wards 5, 7, and 8, with the majority (4,200) of these infants and toddlers residing in Ward 8. Over 90% of the young children under five years of age in Wards 7 and 8 are Black compared to 48% overall in the District (Table 1).

The social determinants of health are the conditions in which people are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions.[2] These factors play a significant and large role in health of communities and are the source of health inequities between populations.

Communities within Wards 5, 7, and 8 have a disproportionate burden of poor socioeconomic (poverty, crime, unemployment) outcomes (Table 1). Residents in Wards 5, 7, and 8 have the lowest median household income, the highest unemployment rate, the highest percentage of adults without a high school diploma, and the highest total violent crime in the city.[3] In the District, as in other urban areas, young children disproportionately bear the burden of poverty. It is estimated that nearly 26% of children in the District live below the poverty level.

Table 1: 2016 District of Columbia Demographic and Socio-Economic Indicators by Ward[1]

		Ward		
	DC	**5**	**7**	**8**
Total Population	659,009	85,464	75,796	83,108
No. of Children under 5 years	42,177	6,581	5,988	8,061
Population by Race and Ethnicity				
Black	48.3%	65.7%	93.8%	90.9%
White	40.4%	22.0%	2.4%	5.6%
Asian	36.5%	2.2%	0.3%	0.4%
Hispanic	10.5%	9.2%	3.5%	2.6%
Income & Education				
Median income families w/ children	$70,991	$70,336	$31,130	$26,749
Poverty				
Unemployment	6.4%	7.7%	10.9 %	13.3%
Families receiving Temporary Assistance for Needy Families (TANF) benefits	16,509	1,989	4,320	4,917

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[1] U.S. Census Bureau, 2016 ACS 5-Year Survey
[2] Centers for Disease Control and Prevention. Available at:
https://www.cdc.gov/nchhstp/socialdeterminants/index.html
[3] Metropolitan Police Department. Available at: http://crimemap.dc.gov/CrimeMapSearch.aspx

	DC	Ward		
		5	7	8
Families receiving Supplemental Nutrition Assistance Program (SNAP) benefits	78,486	10,943	15,947	17,658
Children (under 18 yrs) living below 100% federal poverty level	25.8%	18.1%	40.9%	48.5%
Crime (2018)[3]				
Total Violent Crime	4,132	616	843	882
Total Property Crime	29,653	4,394	3,235	2,243

These factors inevitably lead to child health inequities. According to the District of Columbia's 2018 Perinatal Health and Infant Mortality Report, there is a higher incidence of preterm births and low birthweight infants in Wards 5, 7, and 8 compared to the District as a whole.[4] Similarly, children in this geographic region have higher asthma morbidity and obesity prevalence.[5] Behavioral health conditions are also skewed to a higher prevalence in Wards 5, 7, and 8.

The primary care setting is an ideal place to address a young child's developmental, medical, and social needs. According to the American Academy of Pediatrics and Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule, a child should see their primary pediatric provider at least 12 times in the first three years of life.[6,7] The District of Columbia has high access to pediatric primary care combined with the nation's second lowest uninsurance rate.[8] Approximately 55-65% of District children under than five years of age are insured by Medicaid.[9] Of Medicaid enrollees, a majority of children had a primary care visit in the past 12 months, and children are more likely to receive primary care at one location as oppose to multiple locations.[8]

Therefore, introducing ancillary social-emotional, developmental, and care coordination support within the Medical Home has a potential to change individual life courses of

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[4] DC Health. Perinatal and Infant Mortality Report. (2018) Available at:
https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/Perinatal%20Health%20Report%202018_FINAL.pdf

[5] DC Health. District of Columbia Community Needs Assessment. 2014. Available at:
https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%20DOH%20CHNA%20%28v5%200%29%2005%2007%202014%20-%20FINAL%20%282%29.pdf

[6] American Academy of Pediatrics. Bright Future Periodicity Schedule. (2018) Available at:
https://www.aap.org/en-us/documents/periodicity_schedule.pdf

[7] Department of Healthcare Finance. DC Medicaid HealthCheck Periodicity Schedule. (2019) Available at:
https://www.dchealthcheck.net/documents/DC_Medicaid_HealthCheck_Periodicity.pdf

[8] DC Health. District of Columbia Primary Care Needs Assessment. (2018) Available at:
https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%20Primary%20Care%20Needs%20Assessment%202018.pdf

[9] Department of Healthcare Finance. The Role of Public Programs in Children's Health Care Coverage in the District of Columbia, 2012-2016. (2017) Available at:
https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Data%20snapshot%20on%20children%27s%20Medicaid%20enrollment_0.pdf

infants and toddlers in our most at-risk regions of the city.

Healthy Steps[10]

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that aims to provide infants and toddlers with social-emotional and developmental support by strengthening family engagement with the Medical Home. The HealthySteps Specialist (HSS), a child development expert, joins the pediatric primary care team to ensure universal screening, provide successful interventions, referrals, and follow-up to the whole family. The HealthySteps Specialist offers screening and support for common and complex concerns that physicians often lack time to address, including feeding, behavior, sleep, attachment, depression, social needs, and adapting to life with a baby or young child. Specialists are trained to provide families with parenting guidance, support between visits, referrals, and care coordination, all specific to their needs. HealthySteps Specialists build strong relationships with families and providers and the lives of children and families improve.

A 15 site national evaluation of HealthySteps has shown the following results[11]:
- Children were more likely to receive a well-child visit on time.
- Children were eight times more likely to receive a developmental assessment at 30-33 months.
- Children were 40% more likely to have nonmedical referrals, including for behavior, speech, hearing, child abuse or neglect, and early intervention.
- Mothers were more likely to breastfeed longer than 6 months.
- Mothers were 24% less likely to practice unsafe sleep practices for infants.
- Mothers were more likely to discuss depressive symptoms and to receive mental health referrals.
- Parents were 22% less likely to rely on harsh punishment for their children.

The key to the program is the addition of a HealthySteps Specialist (HSS) to the primary care team. This position requires a minimum of a bachelor's degree with preferred experience with mental health training, and experience in early childhood development. Most HSS are social workers, psychologists, or nurses with backgrounds in these fields, or a closely related fields. Specialists can be a new team member, a social worker (LSCW), or child development specialist already working in the practice. The HSS delivers many program components and serves as a link between members of the clinical team, the child, the family, and the community. HealthySteps practices offer a wide array of developmental, behavioral, social, and emotional screenings and supports and the accompanying guidance and referrals for families who need them.

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[10] https://www.healthysteps.org/
[11] Minkovitz CS, Hughart N, Strobino D, et al. A Practice-Based Intervention to Enhance Quality of Care in the First 3 Years of Life: The Healthy Steps for Young Children Program. JAMA. 2003;290(23):3081–3091. doi:10.1001/jama.290.23.3081

Purpose

DC health prioritizes implementing data driven and outcome oriented approaches to program and policy development. In order to improve medical, behavioral, and developmental outcomes for young children in Wards 5, 7, and 8; DC Health is soliciting applications from qualified applicants to implement the evidence-based primary care program - HealthySteps.

Performance Requirements

Location of Services

Services must be delivered within a primary care setting located in Ward 5, 7, or 8 that serve a population of at least 50% Medicaid-eligible families.

Scope of Services

The applicant must be a current certified affiliate, or obtain affiliation within six months from award date, from the model developer to implement HealthySteps. All staff must be trained by the model developer to implement the model to fidelity and, submit affiliation and staff training certification to DC Health. During the period of performance, the applicant must maintain their affiliation status and implement the model to fidelity.

APPLICATION REQUIREMENTS

Project Narrative

Project Abstract

A one-page project abstract is required (Attachment 1). Provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. Please place the following at the top of the abstract:

- Project Title
- Origination's Name
- Address
- Project Director Name
- Contact Phone Numbers
- Email Address

The project abstract must be **single-spaced, limited to one page in length**, and include the following sections:

- **Annotation:** Provide a three-to-five-sentence description of your project that identifies the population and/or community needs that are addressed.

- **Problem:** Describe the principal needs and problems addressed by the project.
- **Purpose:** State the purpose of the project.
- **Goal(s) And Objectives:** Identify the major goal(s) and objectives for the project. Typically, the goal(s) are stated in a sentence, and the objectives are presented in a numbered list.
- **Methodology:** Briefly list the major activities used to attain the goal(s) and objectives

Introduction
This section should briefly describe the purpose of the proposed project and the target population identified. It should also highlight the overarching problem to be addressed and the contributing factors. Identify the **goal(s)** for the project.

Needs Assessment
This section should help reviewers understand the needs of the community that will be served by the proposed project.

- Define the geography (boundaries, zip codes, neighborhood clusters) of the chosen community.
- Describes number and proportion of patients seen who reside in selected community.
- Describe the health, developmental, and social needs of children 0-5 and their families living in the target community/ies selected by the applicant.
- Describe the health disparities of the community selected by the applicant related to children's developmental health (i.e. prevention, promotion, screening, referral and follow-up), family well-being (i.e. maternal depression screening), and other factors that affect development (i.e. exposure to violence, parental educational attainment, household income) including relevant data

Project Description
This section should provide a comprehensive framework and description of all aspects of the proposed project. Additionally, this section should include how the program will implemented. It should also highlight the overarching problem to be addressed and the contributing factors. It should be succinct, self-explanatory and well organized.

- Identify and describe the at-risk community that will be served through this project.
- Describe the applicant's strategies for implementing HealthySteps and how strategies will be operationalized to achieve program goals, objectives and outcomes.
- Describe how the proposed project meets the requirements in the Scope of Service Section (please see Performance Requirements Section for more details).
- Describe how participants will be recruited, enrolled, and retained in the program.

- Outline and give rationale for estimated reach of program by end of year 1, as well as subsequent years.

- Describe how HealthySteps will enhance utilization of other existing clinic initiatives.

- Describe plans to expand program to additional clinics sites following the projected funding period.

- Indicate plans for sustainability of the initiative beyond the projected funding period.

Logic Model
A one-page logic model is required (Attachment 2). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and is supporting resources. Assumptions should be based on research, best practices, and experience.)
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or community).

Work Plan
The work plan describes key process objectives and goals for successful program implementation. Under each objective, provide a list of the activities that will be used to achieve each of the objectives proposed and anticipated deliverables. The Work Plan is required and should be submitted as Attachment 3.

- The work plan should include a chronological list and description of activities to be performed. Each activity should have an identified responsible staff, target completion dates and projected outcomes.

- The work plan should include process objectives and measures. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed).

- Applicant's work plans should include a Startup Work period and an Implementation Work Plan period.

Partnerships

In this section, the applicant must describe the plan to involve other key partners in their work.

- Describe the applicant's experience working collaboratively with government agencies, including public health, behavioral health, education and health care financing, to implement health and/or public health programs.

- Describe the applicant's experience working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.

- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to support the implementation, and evaluation, if applicable, of the applicant's program.

- As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities, including development of the application. Describe how community members and parents are active stakeholders in this process.

- Applicant should provide letters of commitment or support from other agencies and organizations pertinent to the success of the proposed project as Attachment 4.

Performance Monitoring and Evaluation

Applicants must propose an implementation evaluation that will include appropriate evaluation methods to monitor ongoing processes and the progress towards the goals and objectives of the project, including a description of data collection, sampling strategies (if appropriate), timeline, Institutional Review Board (IRB) review, and data analysis. If awarded, the applicant must submit an evaluation plan within 90 days after the receipt of the award. In option years 3 – 5, awardees will be required to submit and implement outcome and impact evaluations.

- The evaluation methodology should be specific and related to the stated goals, objectives, and priorities of the project. Additionally, the evaluation should be linked to the projects logic model.

- Evaluations should be designed to show the difference in medical, developmental, social-emotional, social need, and other services and outcomes from those who are a part of HealthySteps compared to those who are not part of the program.

- Describe how data will be collected and managed (e.g., assign skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

- Describe the process for tracking outcomes for referrals and linkages for health services, social services and other community providers.

- The applicant must describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

- Budgets for evaluation activities should be: (1) appropriate for the evaluation design and question(s); (2) adequate to ensure quality and rigor, and; (3) in line with available program and organizational resources. The recommended maximum funding ceiling of 10% of the total requested budget for evaluation activities. The applicant should provide appropriate support for their evaluation budget in the budget justification.

Organizational Information

Provide information on the applicant organization's current mission and structure, scope of current activities; and, describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. A one-page organization chart is required (Attachment 5).

- Describe the applicant's experience providing services that support the healthy social and emotional development of children from the prenatal period through age 5.

- Describe the applicant's experience engaging communities to improve community capacity supporting improved health and social determinants of health outcomes.

- The applicant's staffing plan should be submitted as Attachment 6. Staffing plan should describe staff qualifications and responsibilities and include type and number of FTEs. CVs, resumes, position descriptions, and organizational charts may be submitted as attachments. Identify those who reside in Washington, D.C. and specifically in Wards 5, 7, and 8.

- Describe the staff recruitment plan, including a projected time line for recruitment and hiring. Applicant should describe a strategy to hire from those who reside in Wards 5, 7, and 8.

- Describe the applicant's accounting structure. The structure should demonstrate the organization's ability to maintain effective internal controls and demonstrate the ability to provide accurate and complete information about all financial transactions related to this program

Budget

The application should include a project budget using the form provided in Attachment 7. The project budget and budget justification should be directly aligned with the work plan and project description. Therefore, two budgets should be submitted. One budget is for the 6 month start up period. The second budget is for the 12 month implementation and post-implementation period.

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

Costs charged to the award must be reasonable, allowable and allocable under this program. Documentation must be maintained to support all grant expenditures. Personnel charges must be based on actual, not budgeted labor. Promotional gifts and other expenditures which do not support the home visiting initiative are unallowable. Salaries and other expenditures charged to the grant must be for services that occurred during the grant's period of availability

Budget Justification

The application should include a budget justification using the form provided (Attachment 8). Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification MUST be concise. Do NOT use the justification to expand the proposed project narrative.

Include the following in the Budget Justification Narrative:

Personnel Costs: List each staff member to be supported by (1) funds, the percent of effort each staff member spends on this project, and (2) in-kind contributions. If personnel costs are supported by in-kind contributions, please indicate the source of funds. Please include the full name of each staff member (or indicate a vacancy), position title, percentage of full-time equivalency dedicated to this project, and annual salary. Personnel includes, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program, staff responsible for service delivery and/or coordination, staff responsible for monitoring programmatic activities and use of funds, and staff responsible for data collection, quality and reporting. This list must include the Project Director on the Notice of Award.

Fringe Benefits: Fringe Benefits change yearly, and should be confirmed before submitting your budget. List all components that make up the fringe benefits rate.

Supplies: Educational supplies may include pamphlets and educational videotapes—as well as model specific supplies such as crib kits to promote safe sleep, tools to promote parent/child interaction, etc. that are essential in ensuring successful program implementation.

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

Contractual: Applicants must ensure that their organization or institution has in place and follows an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a

clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. For each consultant, specify the scope of work for the consultant, the hourly rate, and the number of hours of expected effort. Applicants must have a written plan in place for subrecipient monitoring and must actively monitor subrecipients.

Other Direct Costs: Other Direct Costs may include some or all of the expense categories below:

- *Materials and supplies:* (if not included in a separate cost category): include the project costs of project-specific supply items (computers, software programs, postage, CDs, etc.) and items costing less than $5,000 and not considered equipment.
- *Publication costs:* include funds requested for the publication of the results and the preparation of presentations and posters.

EVALUATION CRITERIA

Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. The six review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review:

Criterion 1: NEED (15 points) – *Corresponds to Sections: Introduction and Needs Assessment*
The extent to which the application:
- describes the "Purpose" included in the introduction;
- demonstrates the problem and associated contributing factors to the problem;
- describes the health disparities of the community selected by the recipient related to children's developmental health (i.e. prevention, promotion, screening, referral and follow-up), family well-being (i.e. maternal depression screening), and other factors that affect development (i.e. exposure to violence, parental educational attainment, household income).
- describes the process by which the community was chosen.

Criterion 2: RESPONSE (30 points) – *Corresponds to Sections: Project Description and Work Plan*
The extent to which the application:
- describes number and proportion of patients seen who reside in selected community
- demonstrates clear understanding of HealthySteps and how it to best fit the needs of the population;
- describes how proposed strategies will lead to increased screenings for developmental, social/emotional and behavioral conditions in children as well as family support indicators.

- identifies the specific screening tools that will be used.
- describes how proposed strategies will demonstrate increased rates of vaccinations, anemia screening, lead screening, and well child visits and explanations of how these metrics will be measured.
- describes how proposed strategies will lead to an increase in non-medical referrals and linkages to programs that address social needs (housing stability, food insecurity, utility needs, transportation, interpersonal safety, substance misuse and tobacco use).
- describes how a comparison group will be identified for purposes of evaluating the degree of improvement in metrics of those enrolled in HealthySteps.
- demonstrates that proposed goals and objectives are SMART (Specific, Measurable, Achievable, Relevant, and Time-Framed);
- demonstrates a work plan that represents a logical and realistic plan of action for timely and successful achievement of objectives that support program goals
- demonstrates that the proposed plan provides a foundation for sustainability of efforts beyond the projected funding period with the possibility of expansion to other clinical sites in future years.

Criterion 3: EVALUATIVE MEASURES (30 points) – *Corresponds to Sections: Logic Model, Performance Monitoring and Evaluation*
The strength and effectiveness of the evaluation method proposed to monitor progress toward achieving project objectives. Evidence that the evaluative measures are appropriate to monitor ongoing progress toward meeting objectives. The extent to which the application:
- the logic model is clear, concise and achievable inputs, activities, outputs, and outcomes of the project;
- demonstrate the ability to successfully analyze data to assess program effectiveness;
- describe how data will be collected and managed (e.g., assign skilled staff, data management software) to accurately report on proposed program process and outcome measures;
- describes the appropriate evaluation methods to monitor ongoing progress towards the goals and objectives of the project; specifically this includes:
  - o increased screenings for developmental, social/emotional and behavioral conditions in children,
  - o family support indicators such as maternal depression,
  - o increased rates of vaccinations,
  - o lead screening,
  - o anemia screenings,
  - o well child visits,
  - o and an increase in non-medical referrals and linkages to programs that address social needs (housing stability, food insecurity, utility needs, transportation, interpersonal safety, substance misuse and tobacco use).

Criterion 4: IMPACT (5 points) – *Corresponds to Sections: Work Plan*
The feasibility and effectiveness of plans for dissemination and scaling of project results the extent to which project results may drive the public health agenda for improving population health and development and address equity; the degree to which the project activities are replicable to additional communities.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – *Corresponds to Sections: Partnerships, Performance Monitoring and Evaluation, and Organizational Information*
This section is to describe the extent to which the applicant is capable of fulfilling the goals and objectives set forth and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Also, consider the extent to which the applicant demonstrates:

- the qualifications of the project personnel (by training and/or experience) to implement and carry out the project. This includes consideration of hiring personnel from areas within the target population (Wards 5, 7, and 8).
- the experience of project personnel with early childhood systems development and leadership; children's developmental health, family well-being, and place-based community involvement.
- experience and past successes working collaboratively with government agencies and non-government organizations from a variety of sectors to implement health and/or public health initiatives aimed to advance a public health goal.
- participation of other health and non-health partners in the project (e.g., Healthy Start, Home Visiting, WIC, housing agencies, public-private early childhood partnerships, and businesses) that support children's developmental health and family well-being.

Criterion 6: SUPPORT REQUESTED –(10 points) *Corresponds to Sections: Budget and Budget Justification Narrative*

- The reasonableness of the proposed budget for the project period in relation to the objectives, the complexity of the activities, and the anticipated results. The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

REVIEW AND SCORING OF APPLICATION

Pre-Screening Technical Review

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

External Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, health program planning and evaluation, and social services planning and implementation. The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

Internal Review

DC Health program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC Health will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

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

APPLICATION PREPARATION & SUBMISSION

Application Package

Only one (1) application per organization will be accepted. An application package consists of an Application Profile, Project Narrative, Budget/Budget Justification, and related Appendices. The Application Profile and Table of Contents **should be uploaded to EGMS as one PDF document** and all other documents in the attachment section below **should be uploaded to EGMS as separate PDF documents.** The total size of the applicable attachments may not exceed the equivalent of **40 pages** when printed by DOH.

Attachments

The following attachments **are not** included in the 40 page limit:
- DOH Application Profile (Appendix A)
- 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
- Project Budget - Attachment 7-form provided
- Assurances Certifications and Disclosures (See Appendix B). Reviewed and Accepted via EGMS.
- Scan and upload **one SIGNED copy (Appendix B)** by the Agency Head or authorized official.)
- DOH Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)
- **Mandatory Certification Documents** (Scan and upload **ONE PDF** file containing all of the following business documents required for submission uploaded into EGMS):
    i. A current business license, registration, or certificate to transact business in the District of Columbia.
    ii. 501(c)(3) certification (for non-profit organizations)
    iii. City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean hands) Clean Hands Compliance Status letter must be no more than 3 months old from due date of application.
    iv. Official list of Board of Directors for the current year and the position that each member holds on letterhead and signed by the authorized executive of the applicant organization; not the CEO.

The following attachments **are** included in the 40 page limit:
- Project Abstract (1 page)
- Logic Model (1 page) - Attachment 2
- Project Narrative-Attachment 1
- Work Plan – Attachment 3- form provided
- Partnerships Documentation - Attachment 4
- Organizational Chart (1 page) -Attachment 5
- Staffing Plan – Attachment 6
- Budget justification - Attachment 8-form provided

Uploading the Application

All applications must be submitted through EGMS. Documents to include in each of 3 uploaded files are below. All of these must be aligned with what has been requested in other sections of the RFA.

1) Mandatory Business Documents - Scan and upload **ONE .**pdf file that contains the following:
   a) 501(c) (3) Certification,
   b) City Wide Clean Hands Compliance Status Letter (formerly Certificate of

Clean hands). Clean Hands Compliance Status letter must be dated **no more than 3 months prior** to the due date of application,

  c) Official List of Board of Directors, Official list of Board of Directors for the current year and the position that each member holds on letterhead and signed by the authorized executive of the applicant organization; not the CEO.
  d) Medicaid Certifications, if applicable
  e) Current business license
   f) FQHC designation letter, if applicable
   g) Appendix B (signed Assurances Certifications & Disclosures). Scan and upload **one SIGNED copy (Appendix B)** by the Agency Head or authorized official.) (form provided)

2) Application Proposal - Upload **ONE .**pdf file containing:
  a) Project Abstract
  b) Logic Model (1 page) -Attachment 2
  c) Project Narrative -Attachment 1
  d) Work Plan -Attachment 3 (form provided)
  e) Budget -Attachment 7 (form provided)
  f) Budget Justification- Attachment 8 (form provided)
  g) Staffing Plan-Attachment 6
  h) Organizational Chart (1 page)-Attachment 5

3) Other
  a) Partnerships Documentation – Attachment 4
  b) Appendix A DC Health Applicant Profile (form provided)

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

Application Submission

All District of Columbia Department of Health application submissions must be done electronically via Department of Health's <u>Enterprise Grants Management System</u> (EGMS), DC Health's web-based system for grant-making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized   representative.

If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users **<u>do not </u>**have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

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

Register in EGMS

DC Health recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the 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 DC Health Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC

Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME**. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

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

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov 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

Deadline Is Firm:

Submit your application via EGMS by 6:00 p.m., on the deadline date of **Friday, February 28, 2020.** Applications will not be accepted after the deadline.

PRE-APPLICATION MEETING

A Pre-Application Meeting will be held on **Friday February 7th, from 10:30 to 12:00pm, at 899 North Capitol Street, NE, 3rd Floor Conference Room #306, Washington, DC 20002.** The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DC Health personnel at this conference. Do not submit drafts, outlines or summaries for review, comment, or technical assistance.

PRE-AWARD ASSURANCES & CERTIFICATIONS

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

A. Assurances Required to Submit Applications (Pre-Application Assurances)
- City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands)
- 501 (c) 3 certification
- Official List of Board of Directors on letterhead, for current year, signed and dated by the authorized executive of the Board. (cannot be the CEO)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

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

Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

GRANTEE REQUIREMENTS

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

Grant Terms & Conditions

All grants awarded under this program shall be subject to the DC Health Standard

Terms and Condition for all DC Health – issued grants. The Terms and Conditions are located in the Attachments and in the Enterprise Grants Management System, where links to the terms and a sign and accept provision is imbedded.

Grant Uses

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

Conditions of Award

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

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

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

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

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

Indirect Cost

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

Insurance

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

Audits

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

Nondiscrimination in the Delivery of Services

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

Quality Assurance

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

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

A final performance report shall be completed by the Department of Health and provided and held for record and use by DC Health in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DC Health Office of Grants Management.

CONTACT INFORMATION:

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

Program Contact
 Erica McClaskey, MD, MS
 Chief, Family Health Bureau
 Community Health Administration
 District of Columbia Department of Health

899 North Capitol Street, NE
Washington, DC 20002
Email: Erica.mcclaskey@dc.gov

GLOSSARY OF TERMS

Children's developmental health – for the purposes of this FOA, children's developmental health includes developmental health surveillance, screening, referral, if necessary, and follow up to ensure linkages and early intervention services for children birth through kindergarten entry

Family well-being – for the purposes of this FOA, family well-being includes the prevention, screening, referral and follow-up of services related to maternal depression and trauma-informed care.

Health equity -- the attainment of the highest level of health for all people. It is the removal of any and all differences (disparities) in health that are avoidable, unfair, and unjust. It requires "valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." (MCHB proposed definition)

Place-based community – social unit of any size that shares common values and bound together because of where they reside, work, visit or otherwise spend a continuous portion of their time. Work around place-based community in this funding opportunity centers around intentional efforts to build, sustain and operationalize community capacity in improving systems around children's developmental health and family well-being.

Population Health Indicator -- quantifiable characteristics of a population which researchers use as supporting evidence for describing the health of a population.

SMART Goal -- one that is specific, measurable, achievable, results-focused, and time- bound.

Systems Indicator -- quantifiable characteristics of a system that researchers use as supporting evidence for describing the success or improvement of an activity and/or process attributed to the presence of the system

Two-Generation approaches – Approaches that focus on creating opportunities for and addressing needs of both vulnerable children and their parents together. (Source: http://ascend.aspeninstitute.org/pages/the-two-generation-approach#sthash.4p7oM9SJ.dpuf

APPENDICES

- DC Health APPLICATION PROFILE

- ASSURANCES, CERTIFICATIONS, AND DISCLOSURES

APPENDIX A - DOH APPLICATION PROFILE

		District of Columbia Department of Health **Application for Funding**	
DOH GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH Promote. Prevent. Protect.			
RFA # **Release Date:** **Due Date:**		**RFA Title:**	
		DOH Administrative Unit:	Community Health Administration
		Fund Authorization:	Pursuant to terms of NOA#

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

The following documents must be submitted to complete the Application Package (as per the RFA Guidance):

- DOH Application Profile
- Table of Contents
- Project Abstract
- Logic Model
- Project narrative
- Budget justification

- Project Budget
- Organizational Chart
- Staffing Plan
- Partnerships Documentation
- Work Plan
- Mandatory Certification Documents

<u>Complete the Sections Below. All information requested is mandatory.</u>

1. Applicant Profile:		**2. Contact Information:**	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			

3. Application Profile:	
Program Area:	**Funding Request:**
Early Childhood Place Based Initiative	$

Proposal Description: 200 word limit

APPENDIX B: ASSURANCES CERTIFICATIONS & DISCLOSURES
APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

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

A. Applicant/Grantee Representations

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

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

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

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

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

6. If required by 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 <u>do not receive </u>more than 80% of their annual gross revenues from the federal government, Applicant/Grantee's revenues are greater than $25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission.	☐ **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: <u>Mandatory Disclosures</u> 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: