



DEMONSTRATION GRANTS FOR EXPANDING ACCESS TO CARE

Request for Applications
RFA #CHA_PCDEMG_021414

AMENDED VERSION_02.28.14

This RFA is amended by the following:

- Attachment A (Page 34) Frequently Asked Questions
- Amended items may also be identified by **RED** font with **grey shade** throughout the RFA. Locate items on the following pages: 5, 10, 17 and 18).



**Submission Deadline:
Friday, March 7, 2014 by 4:30 pm**

District of Columbia Department of Health

Terms for Requests for Applications & Funding

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

- Funding for an award is contingent on continued funding from the DOH grantor or funding source.
- The RFA does not commit DOH to make an award.
- 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. DOH shall notify the applicant if it rejects that applicant's proposal.
- DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall provide the citations to the statute and implementing regulations that authorize the grant or sub-grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
- 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 RFA terms 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.

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CHECKLIST FOR APPLICATIONS

- The applicant has completed a *DOH Application for Grant Funding Form (NEW)* and affixed it to the front of the Application Package.
- A complete **Application Package** includes the following:
 - DOH Application for Grant Funding Form*
 - Project Narrative, including the
 - Logic Model
 - Workplan
 - Combined Project Budget & Budget Justification
 - Other Attachments allowed or requested by the RFA. See page 16.
 - Assurance Package of assurances and certification documents
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization
- The Applicant has a DUNS number to be awarded funds. If needed, Applicant can obtain a DUNS number by applying for one with Dun and Bradstreet.
- The application format conforms to the “Application Elements” list in Section VII.B of the RFA.
- The Project Narrative is printed **double-sided** on 8½ by 11-inch paper with page numbers **and a minimum of one inch margins**. Type is **double-spaced**, using **12-point Arial or Times New Roman font**. The Project Narrative **may not exceed 12 pages**, inclusive of the 1-page workplan and the 1-page logic model Applications that do not conform to this requirement will not be forwarded to the review panel.
- The Project Narrative includes a Workplan and Logic Model in the forms and formats provided in Appendix B and C, respectively, of the RFA
- The combined Project Budget/Budget Justification is complete and comply with the budget forms provided as Appendix D of the RFA. The budget narrative is complete and describes the categories of items proposed.
- The appropriate attachments and other supporting documentation are enclosed (if applicable).
- The Applicant is submitting one (1) marked original and **(3) hard copies, for a total of 4 packets.**
- The application is submitted to **DOH, 899 North Capitol Street NE, 3rd Floor Reception Area** no later than 4:30 p.m., on the deadline date of March 7, 2014

I. GENERAL INFORMATION

A. Key Dates

Notice of Funding Announcement:	January 31, 2014
Request for Application Release Date:	February 14, 2014
Pre-Application Meeting Date:	February 24, 2014
Application Submission Deadline:	March 7, 2014
Anticipated Award Start Date:	April 1, 2014

B. Overview

The Primary Care Bureau of the DC Department of Health's Community Health Administration is providing funding to eligible health care organizations in DC for demonstration grants to: 1) evaluate the feasibility of expanding their health services through telehealth or urgent care; 2) develop an actionable implementation plan; and/or 3) implement telehealth or urgent care services, with the goal of increasing health care access for their target populations.

The Department of Health (DOH) will award up to five grants for a total of \$400,000, with a maximum of up to \$200,000 per grantee. Funds are available for a program period of 6 months (April through September 2014). The Primary Care Bureau (PCB) will administer and monitor the grants.

Eligible applicants include non-profit health centers, mental health clinics, hospitals and community based organizations

C. Source of Funding

The funding is available through the Department of Health's FY14 local appropriation for ambulatory health care services.

D. Amount of Funding Available

This RFA will make available \$400,000 in funding to up to five (5) organizations. Grants will range in amounts, with an award ceiling of up to \$200,000 per grantee.

E. Performance and Funding Period

The anticipated performance and funding period is April 2014 - September 2014.

F. Eligible Applicants

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

- Public and private non-profit organizations
- Private entities include hospitals, community health centers, community-based and faith-based organizations.

Considered for funding shall be organizations meeting the above eligibility criteria and having documentation of providing either medical, dental or mental health services to vulnerable populations with high-documented burdens of chronic diseases and lower health status, poor health seeking patterns, and high-risk factors with the following experience and support in-place: demonstrated success working with multiple sectors or experience working with community, or other leaders, as appropriate, and demonstrated track record of improving health outcomes (including documented evaluations) through programmatic, policy and infrastructure strategies; and demonstrated ability to meet reporting requirements related to programmatic, financial, and management benchmarks as required by the RFA.

II. BACKGROUND & PURPOSE

A. Background

Insufficient availability and utilization of primary and preventive care in the District of Columbia was documented in great detail in a 2008 report on access to care commissioned by the District government, *Assessing Health and Health Care in the District of Columbia: Phase 1 Report*.¹ Key findings indicated that:

- Despite a high rate of insurance coverage, about 20 percent of District residents—children and adults—reported no usual source of care, and approximately 63.6 percent of uninsured District residents had no regular source of care;
- Only about half of all patients with private insurance, Medicare, DC Alliance or Medicaid HMO could get a primary care appointment within a week of calling about an urgent care condition;
- More than half of emergency department (ED) visits were classified as primary care sensitive, with the percentage of ED visits that were primary care sensitive being the highest among children at 58 percent; and

¹ Lurie, N., Gresenz, C., Blanchard, J., Ruder, T., Chandra, A., ... Jones, K (2008). *Assessing Health and Health Care in the District of Columbia*. Santa Monica, CA: RAND Corporation.

- Rising rates of admissions for ambulatory care sensitive conditions over time among youth and adults aged 40-64 suggest worsening access to non-hospital-based care. Similarly, rates of emergency department visits for conditions that are primary care sensitive had risen for adults aged 18-64.

Since 2009, the Primary Care Bureau (PCB) of the District of Columbia Department of Health's (DOH) Community Health Administration (CHA) has invested more than \$90 million of the District's Tobacco Settlement Funds in the construction of new, and expansion of existing health access points across the District to address the findings from the 2008 report; however, recent data indicates that gaps still remain in residents' ability to access primary and specialty care, and that many individuals are still utilizing hospital Emergency Departments for primary care sensitive conditions, instead of accessing a usual source of care.

Given the ongoing gaps in access and the health care utilization patterns, DOH is interested in assessing the feasibility of the District's current health care system to implement telehealth medicine and urgent care services to increase health access, and alter health seeking patterns leading towards overall improved health outcomes and reduced costs.

Telehealth is the use of electronic information and telecommunications technologies to support long distance clinical health care, patient and professional health-related education, public health and health administration. Telehealth and telemedicine are being adopted in other communities across the country to increase primary care connections to specialty care and behavioral health, especially in rural areas where transportation and availability of providers are persistent challenges. In the District, the Council of the District of Columbia recently passed legislation requiring Medicaid coverage for telehealth services, and the District of Columbia Department of Health Care Finance (DHCF) will be required to develop a state plan amendment to respond to this legislation. The U.S. Congress also introduced new telehealth legislation (HR 3077) last year; however, DOH is interested in determining the feasibility of implementation and likelihood of telehealth adoption given provider shortages, reimbursement, bandwidth, HIPAA concerns and general infrastructure of health centers and non-hospital based primary care providers in the District.

The urgent care model is being considered as a potential alternative to how residents access care for non-emergent conditions. Increasing in availability outside of the District over the last few years, urgent care has some potential for reducing emergency department use and health care costs in DC through expanding after hours and walk-in care, and increasing the viability of existing primary care sites in the District's rapidly-evolving health care delivery system. The District of Columbia's State Health Planning and Development Agency (SHPDA) has recently received a number of applications for and approved Certificates of Need (CONs) for two (2) hospital-run urgent care facilities. DOH, however, is interested in determining if urgent care can be feasibly integrated into the current primary care and ED landscape of the District without further segmenting

care. DOH is also interested in urgent care studies and implementation plans that improve information flow between a patient's medical home and urgent care providers that are treating non-life threatening episodes of care requiring immediate attention.

To assist the District in ensuring a planned and sustainable approach to supporting the implementation of models that expand access to care, this funding is interested in the following:

For *telehealth*, areas of focus may include, but would not be limited to, using telehealth to:

- Provide comprehensive primary care in schools (e.g. school-based health centers, school nursing suites, etc.);
- Provide mental health services in primary care settings;
- Provide specialty care in primary care settings; and/or
- Provide primary and/or specialty care in correctional settings.

For *urgent care*, areas of focus may include, but would not be limited to:

- Expanding existing primary care to include the provision of urgent care services; and/or
- Establishing urgent care collaborations between primary care providers and hospitals.

Grantees that develop actionable plans will be eligible for additional implementation funding, contingent on the availability of funds in FY15 and beyond.

B. Purpose

The purpose of the Demonstration Grants for Expanding Access to Care is to provide seed funding to eligible organizations to evaluate the feasibility of implementing telehealth or urgent care activities, develop a plan to integrate these services at the organizations, and/or expand the existing scope of or conduct a pilot of new telehealth or urgent care services. The funding should be used to: (1) conduct an assessment to determine feasibility and organizational capacity to integrate urgent care or telehealth; (2) develop an implementation work plan and program evaluation to determine the impact of the new services; and/or (3) implement urgent care or telehealth services.

The objectives of the grants are to:

- Assess the feasibility of urgent care and telehealth in various practice settings to improve access to primary and specialty care, and linkages to primary care;
- Identify the factors that support increased provider communication across primary care and urgent care to increase linkages to care and improved patient follow-up;
- Increase the availability of non-emergent care to treat primary care sensitive conditions; and

- Expand the use of telemedicine to increase access to primary and specialty care for vulnerable populations

III. ADMINISTRATIVE REQUIREMENTS

A. Grant Uses

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

B. Conditions of Award

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

- Revise and resubmit a work plan and budget in accordance with the approved scope of work, assignments prescribed in the DOH Notice of Intent to Fund, and any pre-award negotiations with assigned DOH project and grants management personnel.
- Meet pre-award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to receive federal funds.
- Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Director of the DOH and accepted by the grantee organization. The grant agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
- Utilize Performance Monitoring & Reporting tools developed and approved by DOH.

C. Indirect Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for indirect costs. **The indirect costs must be included in the total cost of the proposed project, which should not exceed the award ceiling.** All proposed costs must be reflected as either a direct charge to specific budget line items or as an indirect cost.

D. Insurance

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

E. Audits

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

F. 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.

G. Quality Assurance

DOH 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. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and be subject to review at any time during the grant period.

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

IV. PERFORMANCE REQUIREMENTS

A. Feasibility

Grantee recipients will be required to conduct an organizational assessment to determine their ability to plan, implement, evaluate and sustain the integration or expansion of telehealth or urgent care services in their practice setting.

B. Implementation:

Grant recipients will be required to plan and/or launch a new or enhance an existing initiative aimed at expanding access to care for vulnerable populations through the use of telehealth or urgent care.

Grantees will *not* be required to complete full implementation of the activity during the 6-month grant period. For those grantees not intending to complete full implementation during this grant period, however, a comprehensive work plan –with identified resources- must be developed and in place by the start of the grant with sufficient resources available to complete implementation within one year after the grant period ends. A draft of this plan must be included with the grant application.

C. Evaluation:

Grantees are expected to evaluate the impact of their initiatives. Because the funding period is short and the contributing factors are varied, DOH does not expect the grantee to be able to demonstrate changes in utilization or quality outcomes resulting from the funded activity. DOH does expect, however, the grantees to establish and measure intermediate outcomes that can be reasonably linked to the ultimate goal of increased access to care (e.g. decreased waiting times for appointments,).

For projects that will not be fully implemented by the end of the grant period, grantees will be expected to have evaluation plans and all needed evaluation tools in place – but will not be expected to report evaluation findings – by the end of the grant period. A one-year post-project evaluation report will be required.

D. Sustainability:

DOH strongly encourages use of these funds to implement initiatives that the organization will be able and willing to sustain with other organizational funds as DOH cannot guarantee additional funding past the initial grant period.

V. APPLICATION SECTIONS

A. Project Narrative (limit 12 pages)

1. Background and Need

- Describe the health access point(s) to be targeted, including: patient population, services offered, size and make-up of clinical staff.
- Describe current challenges with linkages to care that will be addressed using telehealth; or, describe current challenges in offering urgent care services.
- Describe the degree to which the organization has attempted to address the above challenges in the past and any program or service modifications that have been made to address health seeking behaviors or gaps in access to care for the population served. Describe lessons learned from these activities and how they impact the project proposed by the applicant.

2. Project Description, Workplan, & Logic Model

- Describe the proposed demonstration project, along with the selected implementation strategies/interventions and how they will be executed to achieve program goals, objectives and outcome measures.
- Provide the justification for selecting the proposed strategy, including an assessment of the current needs and assets in the community or target population, lessons learned from previous quality improvement and health access expansion activities. Also, please include how the strategy fits in with the organization's

existing operational policies, existing research on telehealth or urgent care, the organization's available resources, etc.

- Create an implementation workplan (Appendix B) with Process and Outcome Objectives, major milestone activities, dates, and responsible staff. Please note that objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-bound), and the workplan should clearly indicate which activities will be completed during the grant period through September 2014).
- Prepare a one-page logic model (template provided in Appendix C) describing how the initiative is expected to ultimately increase access to health care.
- Describe the total estimated costs of the initiative, including other organizational funding to be used.
- Indicate whether the organization intends to sustain the initiative beyond the requirements of the demonstration grant.

3. Organizational Capacity

- Describe experience in serving the target population(s).
- Describe existing and additional staff required to implement the initiative and their responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe how funding will support strategies that align with the goals of the initiative.
- Describe additional sources/amounts of funding the grantee will use to launch the initiative, as applicable, and the estimated amount/source(s) of funds that will be used to sustain the initiative, as applicable.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe any past history the applicant has with achieving DOH grant deliverables and program outcomes. Also, please include any challenges or deficiencies the applicant has had with meeting DOH grant goals, both fiscally and programmatically.

4. Partnerships

- Where applicable, describe plans for establishing a new, or engaging an existing, cross-sector network of partners to participate actively in the feasibility study, work plan development, implementation, and evaluation, if applicable, of the applicant's implementation plan. *(All telehealth applicants will be required to consult with the Mid-Atlantic Telehealth Resource Center. For more information visit www.matrc.org)*

- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Explain the process for tracking linkages and their outcomes, and how the applicant will collect and reporting data on referrals and utilization
- NOTE: For initiatives that require the participation of external partners, provide letters of support from those partners as attachments (See Section VII.A. of this RFA).

5. Performance Monitoring and Evaluation

- Describe plans for collecting data and how the organization intends to measure the outcomes outlined in the Logic Model and work plan.
- Describe how findings/lessons learned will be captured and incorporated into existing clinical operations plans/policies.

B. Budget and Budget Justification

- Include a combined budget/budget justification as a separate attachment using the form provided as Appendix D of this RFA. The budget/budget justification should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the workplan, and training requirements.

VI. EVALUATION CRITERIA

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

A. Project Narrative

1. Background and Need (15 points)

- Demonstrates a clear understanding of how urgent care or telehealth can be optimized in their settings for patient care and improved health outcomes, and the implementation challenges at the organization/sites and/or the need for assessing feasibility and developing and/or executing an implementation plan.

2. Project Description, Workplan, & Logic Model (25 points)

- Proposed strategy is informed by research, lessons learned, and/or the organization's existing clinical operations policies/plans.
- Explicates, through the logic model, how the initiative is expected to (eventually) result in the long-term outcome of improving access to and linkages to care.

- Proposed strategy is reasonable given available human and financial resources. For projects that will require additional resources, demonstrates that necessary resources are/will be available.
- Demonstrates the organization's commitment to sustaining the initiative beyond the DOH demonstration grant.
- Timeline and milestones in the workplan reflect a realistic plan of action for timely and successful grant implementation, and clearly reflect which activities will be accomplished by the end of the grant period.

3. Organizational Capacity (25 Points)

- Demonstrates experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)
- Demonstrates previous experience with DOH grant awards and achieving grant objectives.
- Demonstrates sufficient human and financial resources to fully implement the initiative including staffing model.
- Demonstrates how funding will align to provide adequate resources to accomplish the goals of the initiative.
- Demonstrates adequate fiscal management plans and reporting systems to comply with the reporting requirements.
- Has the applicant provided strong sustainability plans including identification of additional sources of funding to leverage and the ability to capture and report that information?

4. Partnerships (20 Points)

- Is grantee proposing an initiative that will involve external partners or benefit multiple organizations?
- Are the roles and responsibilities of all partners clearly delineated?
- Are appropriate letters of support included (as applicable) that clearly outline partners' commitment to proposed activities?
- Demonstrate their experience and past success collaborating with other organizations to improve access to health services and community health outcomes.

5. Performance Monitoring and Evaluation (15 Points)

- Are outcome objectives SMART, and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives?
- Are the measures of effectiveness included in the application and related to the performance goals stated in the "Background & Purpose" section?
- Evaluation plan is realistic.

- Demonstrates how evaluation findings and lessons learned will be incorporated into the organization/site(s)' future policies/plans.

B. Budget and Budget Justification (not scored)

- Is the combined project budget/budget justification reasonable and consistent with stated objectives and planned program activities?

VII. APPLICATION SUBMISSION

A. Application Package

Only one (1) application per organization will be accepted. A **complete** Application Package shall contain the following:

- *DOH Application for Grant Funding Form (NEW)* Project Narrative (See Section VII.B. Application Elements and VII.C. Format)
- Budget/Budget Justification (See Section VII.B. - Application Elements)
- Attachments (See Application VII.B. – Application Elements)
- Assurance and Certification Documents Package (See Section VII.D. – Assurances)

B. Application Elements - Project Narrative, Budget & Attachments

- Project Narrative (limit 12 pages, inclusive of Work plan and Logic Model)
 - Background & Need
 - Project Description
 - Workplan
 - Logic Model (limit 1 page)
 - Organizational Capacity
 - Partnerships
 - Performance Monitoring & Evaluation
- Budget/Budget Justification (required template – Appendix D)
- Attachments
 - Letters of Support
 - Optional items

C. Format

Prepare application according to the following format:

- Paper size: 8.5 by 11 inches
- Page numbers must be included
- Page margin size: 1 inch
- Printing: Double-sided, as possible

- Font size: Times New Roman or Arial 12-point unreduced
- Spacing: Double-spaced
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

D. Assurance Package

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

DOH classifies assurances packages as two types: those “required to submit along with applications” and those “required to sign grant agreements.” 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].

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

- A current business license, registration, or certificate to transact business in the District of Columbia
- 501 (C) (3) certification (for non-profit organizations)
- Current certificate of good standing from local tax authority (within the preceding 3 months of application deadline)
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization.

E. Pre-Application Conference

A Pre-Application Conference will be held at 899 North Capitol Street NE on the third floor on February 24, 2014, from 11:30 a.m. to 1:00 p.m. The meeting will provide an overview of CHA’s RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance. Pre-registration by Friday, February 21, 2014 via an email to taiwana.lucienne@dc.gov will be required to participate in the meeting. The email must contain the following information:

- Name of Organization
- Type of Organization
- Name(s) of Representative(s) Participating

- Contact Phone and Email

F. Submission

Submit 4 hard copies (**1 marked original, 3 copies**) to CHA by 4:30 pm on March 7, 2014. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health
Community Health Administration
899 North Capitol Street NE,
3rd Floor
Washington, DC 20002

G. Contact Information

Grants Management

Bryan Cheseman
Office of Grants Monitoring & Program Evaluation
DC Department of Health
Community Health Administration
899 North Capitol Street NE
3rd Floor
Washington, DC 20002
bryan.cheseman@dc.gov

Program Contact

Taiwana Lucienne
Primary Care Bureau
DC Department of Health
Community Health Administration
899 North Capitol Street NE
3rd Floor
Washington, DC 20002
taiwana.lucienne@dc.gov

VIII. APPLICATION REVIEW & SELECTION INFORMATION

- Applications shall be reviewed by an external review panel made up of technical and subject matter experts for the expressed purpose of providing an independent, objective review of applications. This external review panel shall be responsible for providing a score and technical review comments for record.
- Assurance and certification documents will be reviewed by internal DOH personnel assigned to ascertain whether eligibility and certification requirements have been met prior to consideration of review and recommendation of award.
- Applications, external review scores and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for award. The panel may be composed of DOH staff and consultants who shall be responsible for making recommendations for award, and include recommendations for funding levels, service scopes and targets, project designs, evaluation plans and budgets.
- In the review phase, applicants may be asked to answer questions or to clarify issues raised during the technical review process. No external review panel member will contact the applicant.
- DOH may request an in-person presentation to answer questions or clarify issues raised during the review process.
- Applicants approved for pre-award review will receive a Notice of Intent to Fund. The notice will outline pre-award requirements and propose any revisions and conditions of awards.
- Successful applicants will receive a Notice of Grant Award (NOGA) from the Department of Health. The NOGA shall be the only binding, authorizing document between the recipient and DOH. The NOGA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NOGA will be mailed to the recipient fiscal officer identified in the application.

IX. APPENDICES

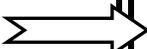
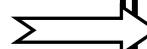
- A. Definitions**
- B. Work Plan Template**
- C. Logic Model Template**
- D. Budget/Budget Justification Template**
- E. DOH Application for Grant Funding Form (NEW)**
- F. Assurance Package**

APPENDIX A: DEFINITIONS

For the purposes of this RFA, please use the following definitions as guidance:

Applicant:	A single non-profit organization submitting an application for itself or on behalf of multiple organizations.
Community Health Center (CHC):	Any non-profit health care practice that provides primary medical, dental and/or mental health care to underserved residents of the District
Primary Care	Medical, dental and/or mental health care that represents a patient's point of entry into the health care system. The term is used here largely in reference to preventive care and management of chronic health conditions
Provider:	Health care professional delivering direct patient care services in a primary care setting, including: physicians, advanced-practice nurses, physician assistants, dentists and dental hygienists
Telehealth	Telehealth is the use of electronic information and telecommunications technologies to support long distance clinical health care, patient and professional health related education, public health and health administration.
Urgent Care	The provision of walk-in care during extended hours outside of a hospital-based emergency room for acute illness and injury care, including laboratory and x-ray services. On-site pharmacies are optional.

APPENDIX C: LOGIC MODEL TEMPLATE

RESOURCES/INPUTS 	ACTIVITIES	OUTPUTS 	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<p>What resources are available to support the program that is being proposed (e.g. staff, funding, time, partnerships, technology, etc.)?</p>	<p>What specific activities are undertaken or planned to achieve the program outcomes?</p>	<p>What products (e.g. materials, units of services delivered) are produced as a result of the activities performed?</p>	<p>What occurs between your activities and the point at which you see the long-term outcomes?</p>	<p>What do you ultimately want to change as a result of your activities?</p>



APPENDIX D: BUDGET FORM AND FORMAT

Organization:	Contact Person:
Project Title:	Telephone #:
Total Proposed Budget Amount:	
BUDGET CATEGORY: Include details/justification of expenditures within the budget category	PROPOSED ALLOCATION: List the dollar amount budgeted for the category
Personnel: <i>(E.g. Will cover 10% of Human Resource Assistant FTE to plan and implement activity)</i>	\$4,000
Fringe Benefits:	
Travel:	
Equipment:	
Supplies:	
Contractual:	
Other:	
Subtotal Direct Costs:	
Indirect/Overhead: (Not to Exceed 10%)	
TOTAL:	

APPENDIX E: DOH APPLICATION FOR GRANT FUNDING FORM

		Department of Health District of Columbia Application for Grant Funding	
RFA #:	CHA_PCDEMG_021414	RFA Title:	Demonstration Grants for Expanding Access to Care
Release Date:	February 14, 2014	DOH Administrative Unit:	Community Health Administration
Due Date:	March 7, 2014 by 4:30 p.m.	Fund Authorization:	FY14 Local appropriations for ambulatory care services
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Supplemental <input type="checkbox"/> Competitive Continuation <input type="checkbox"/> Non-Competing Continuation			
The following documents should be submitted to complete the Application Package: <ul style="list-style-type: none"> <input type="checkbox"/> DOH Application for Grant Funding Form <input type="checkbox"/> Project Narrative, Workplan and Logic Model <input type="checkbox"/> Combined Budget/Budget Justification <input type="checkbox"/> Other Attachments, as necessary <input type="checkbox"/> Assurance Package 			
Complete the sections below. All information is mandatory.			
1. Applicant Profile:		2. Contact Information:	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS Number:			
3. Application Profile:			
Funding Amount Requested:	\$		
Proposal Description (200 word limit):			
Enter Name & Title of Authorized Representative _____		Date _____	



APPENDIX F: Assurances Package

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Statement of Certification for a DOH Notice of Grant Award

- A. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. 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 has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, 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 fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That 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;
- H. That the Applicant/Grantee 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;
- I. That 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;
- J. That 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, that the Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with a Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.

- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That 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 this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Department of Health
Statement of Assurances to Comply with Federal Assurances**

The Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR,

Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The

phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
 - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
 - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108–201, February 24, 2004, 42 USC cha. 85et.seq.
 - d) 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.)
 - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
 - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
 - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
 - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
 - i) Executive Order 12459 (Debarment, Suspension and Exclusion)

- j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
- p) Federal Funding

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

Applicant /Grantee Name

Street Address

City

State

Zip Code

Application Number and/or Project Name

Grantee IRS/Vendor Number

Typed Name and Title of Authorized Representative

Signature

Date



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health

Certifications Regarding

Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Grantees should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and

cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

The Grantee certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
- (1) The dangers of drug abuse in the workplace;
 - (2) The Grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
 - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
 - (7) Abide by the terms of the statement; and
 - (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
 - (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 899 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.
 - (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---
 - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (l), (c), (d), (e), and (1).
 - (11) The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

