

**District of Columbia
Department of Behavioral Health (DBH)**

Pre-Application Conference



RFA Number: RM0 SIG050124

RFA Title: Opioid Abatement Strategic Impact Grant

Friday, May 10, 2024, at 11:00 AM ET



Send us your contact information!

Please email Orlando.Barker@dc.gov with your name, preferred email address, and phone number.



Today's Agenda

Welcome

Presenters

Orlando Barker, Interim Director, Office of Opioid Abatement
Shelley Baker, Grants Management Support Specialist

General Information

Background, and Purpose

Award Information

Source of Grant Funding, Award Funding Available and Performance and Funding Period
Eligibility Requirements

Performance Requirement

Experience Criteria, Target Population, Location of Services, Scope of Services and Scope of Work

Application Requirements

Project Narrative
Evaluation Criteria

Successful Packaging

Additional /Fillable Attachments

Evaluation Criteria Helpful Information

Key Dates, RFA Checklist, Tips and Contact Info

Questions & Answers



Background (p. 11)

- The Office of Opioid Abatement (OOA) announces an Opioid Abatement Response Strategic Impact grant (“SIG”) which will focus on allocating the Opioid Abatement Fund strategically across the state to generate implementable, far-reaching solutions to combat the District of Columbia’s opioid crisis.



Purpose (p. 11)

- The purpose of the SIG is to accelerate progress with transformative ideas. The OOA seeks partners that present actionable plans, with clear deliverables and timelines, that provide measurable impact in addressing the serious challenges of the opioid epidemic.



Purpose (p. 11)

- Below is the list of the Opioid Abatement Advisory Commission's recommended areas of focus:
 1. Faith-Based Prevention
 2. Prevention Media Campaign
 3. Technical Assistance and Education for Physicians
 4. Funds for Community-Based Organizations providing Opioid Remediation Services
 5. Expand Peer Emergency Response (Overdose Survivor Outreach) Teams
 6. Expansion of Youth Peers
 7. Expansion of Youth Treatment Services
 8. Expansion of Harm Reduction Vending Machines
 9. Expansion of Harm Reduction Marketing
 10. Establishment and Enhancement of Drop-in Centers with Peer Support
 11. Housing -Abstinence and Non-Abstinence Based Housing
 12. Mobile Methadone Medication Units
 13. Contingency Management Pilot
 14. Housing -Temporary Housing with Wrap-Around Services



AWARD INFORMATION (p. 11)

Source of Grant Funding

- Opioid Abatement Fund (Code of District of Columbia § 7–3221)

Award Funding Available.

- This RFA will make available a total of \$7,000,000 for the implementation of the Commission's recommended areas of focus.



AWARD INFORMATION (p. 11)

Performance and Funding Period

- The anticipated performance and funding period is June 3, 2024 - September 30, 2024.
- Subsequent to the first 4-month budget period, funding will be awarded for up to 1 option year. The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and recipient performance.

Eligibility Requirements

Eligible entities who can apply for grant funds under this RFA are/have:

- Organizations located in the District of Columbia providing services to District residents;
- 501(c)(3) non-profit status, or
- For-Profit status.



Amount of Funding and Grant Awards (p. 10)

RFA: Opioid Abatement Strategic Impact Grant

This RFA will make available a total of \$7,000,000 for the implementation of all recommended opioid abatement areas of focus. Number of awards will be based on whether or not there is still funding for approved proposals.



Performance Requirements

Experience Criteria(p. 12)

1. Describe the experience your organization and any implementing partners have that make you well-suited to carry out this project effectively.
2. Provide descriptions or examples of at least one program your organization has overseen that demonstrates a track record of success in implementing programs/projects with similar objectives.



Target Population

- All services must be targeted towards District of Columbia residents.

Location of Services

- Services associated with this grant must take place in the District of Columbia.



Application Requirements





Project Narrative (p. 13)

Project Narrative – up to four(4) pages

A. Organizational Need

1. Describe what activities will be carried out as part of the project and the intended outcomes of the project, including a description of the communities that will be impacted.
2. Describe the selected targeted area of focus (See Attachment H or I) and specific problem/need as it shows up in the region/area or population that the applicant intends to serve. As feasible, use data to describe the scope of the issue.

B. Project Capacity

1. Demonstrate how the applicant has the capacity, including personnel, resources, technology, and other relevant infrastructure needed to implement the project and the expertise in understanding the nature and dimension of the need.
2. Describe the experience your organization and any implementing partners have that makes you well-suited to carry out this project effectively.
3. Provide descriptions or examples of at least one program the applicant has overseen that demonstrates a track record of success in implementing programs/projects with similar objectives.



Project Narrative (p. 13)

C. Project Description

1. Describe what activities will be carried out as part of the project and the intended outcomes of the project, including a description of the communities that will be impacted.
2. Compared to other populations or communities in the District, describe how the community or population served by this application has been under-resourced, under-represented, or under-served.
3. Summarize the timeline for the project, including key benchmarks or milestones that will be met during the grant period.

D. Project Evaluation

1. Identify what data will be collected, estimate target metrics as relevant, and describe how the information will be used to guide and assess the program and the program's effectiveness.
2. In measurable data points, describe the intended impact of the project, both in the short-term and long-term if applicable. The applicant may propose additional outcome measures specific to their project and their activities, subject to DBH approval. The section should also briefly describe the infrastructure that will support evaluation activities.



Project Attachments – Project Abstract (p. 14)

Project Abstract (up to 1 page)

A one-page project abstract is required (see Attachment B). Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be written on 8 ½ 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, limited to one page in length, and include the following sections (no template provided):

- I. **Project Description:** Briefly outline how the organization will implement the project in service of the goal and objectives.
- II. **Performance Metrics:** Outline the key outcome and process metrics and associated targets that will be used to assess grantee performance.



Attachment H- Opioid Abatement Advisory Commission

Recommended Areas of Focus

1. Faith-Based Prevention

A key goal of the Commission is to increase the number of faith-based organizations working to reduce opioid overdose-related deaths in the District through the provision of prevention, treatment, and RSS to individuals with OUD. The purpose of this opportunity is to support the District to address Strategy PC.2 in the LIVE.LONG.DC. strategic plan, “Conduct outreach and training activities in community settings to engage youth, parents, educators, school staff, and childcare providers on effective communication and engagement strategies to support individuals impacted by substance use disorders.” It also supports Strategy HR. 1, “Increase access to naloxone to those most affected, including People Who Use Drugs (PWUD), their families, and hardest hit neighborhoods.”

2. Prevention Media Campaign

This recommendation provides funding for a media campaign directed towards impacted groups with prevention messaging. Many community members and stakeholders may be unaware of the different forms substance use disorder (SUD) and how best to intervene. A media campaign can spread awareness of signs of SUD, resources available, and other related information necessary to support individuals and communities who are struggling with the impacts of SUD. It can also help change attitudes towards drug use. The product would be targeted messaging to priority communities on SUD and SUD treatment.



Attachment H- Opioid Abatement Advisory Commission

Recommended Areas of Focus

3. Technical Assistance and Education for Physicians

This recommendation seeks to provide technical assistance to physicians, particularly physicians and other individuals who prescribe medications for opioid use disorder (MOUD), in order to, educate them on the best practices for supporting patients with opioid use disorder (OUD). Physicians and other healthcare providers are uniquely positioned to support individuals who have a SUD or who are at risk of developing an SUD. Supporting them with evidence-based and promising interventions, educating healthcare partners on emerging SUD trends and interventions, and conducting outreach to primary care providers and emergency responders to ensure they understand how to support patients with SUDs. Particularly important are new changes such as the buprenorphine dosing limit increase. “Effective May 1, 2024, the daily dosing limit for Suboxone and Buprenorphine-containing products without a prior authorization will increase to 32mg. The current daily dosing limit is 24mg.” (Source: Transmittal 24-16-Suboxone and Buprenorphine-Containing Products Daily Dosing Limit Increase).

4. Funds for Community-Based Organizations providing Opioid Remediation Services

This recommendation will provide financial support for community-based or other non-governmental groups looking to increase capacity or impact in conducting opioid abatement work (i.e. addressing the opioid epidemic through prevention, harm reduction, treatment or recovery support services).



Attachment H- Opioid Abatement Advisory Commission

Recommended Areas of Focus

5. Expand Peer Emergency Response (Overdose Survivor Outreach) Teams

This recommendation seeks to expand peer emergency services utilizing Fire and Emergency Services model, by connecting with peers currently in place throughout the District of Columbia to include peer organizations and agencies, especially in high-risk Wards (5, 7 and 8) as on-site emergency responders to connect with an overdose survivor as a result of a 911 call. This expansion can be expedited by utilizing Certified Peer Specialist (CPS) organizations and agencies already in existence throughout the District of Columbia while still hiring and recruiting CPS to the Emergency Peer Response Teams. Emergency Response Peers (ERP) from the closest peer group, can be available to go to the site of the overdose survivor to do a brief intervention and assist the overdose survivor to either go to a local emergency room for immediate treatment or provide access to treatment if the individual refuses crisis emergency services. Emergency Response Peers would be able to stay connected with the overdose survivor and follow up to encourage individuals to seek treatment and assist with referral to connect overdose survivor to treatment centers and providers. This allows for quick assignment of a Certified Peer Specialist for continued follow up throughout the process and connect with other agencies in the District of Columbia to assist with peer support, access to treatment and long-term followup and tracking toward recovery.

Peers will help residents locate needed care and make referrals to MOUD treatment centers or providers. They will accompany individuals to their appointment if they indicate that they want this level of support rather than simply providing them with information regarding whether they should go to receive services. These actions will help to provide: 1) long term follow-up and tracking of individuals with opioid use disorder who receive treatment through use of a peer network; 2) an increase to the number of individuals with opioid use disorder getting and staying in treatment; and 3) decrease the number of individuals with opioid use disorder who relapse due to no follow-up and a loss of support services.



Attachment H- Opioid Abatement Advisory Commission

Recommended Areas of Focus

6. Expansion of Youth Peers

This recommendation would provide more funding to engage youth in evidence-based youth peer support training and other activities to develop youth leadership. Ultimately, the goal is to promote authentic youth engagement through youth driven decision-making by elevating youth voices of lived experience and ensuring that young people are heard and valued as leaders in the agencies, communities, and systems that impact their lives.

7. Expansion of Youth Treatment Services

This recommendation provides funding to expand youth behavioral health services at mental health, psychiatric and substance use treatment facilities, in order to expand and enhance the treatment of youth substance use and co-occurring disorders, particularly youth referred from the justice system.

8. Expansion of Harm Reduction Vending Machines

Expansion of drug-checking technology such as with the Harm Reduction Vending machines throughout the District of Columbia encourages harm reduction by providing individuals using or mis-using opioids (and even other substances) a safe and convenient way for these individuals to obtain harm reduction supplies, such as fentanyl testing strips and drug supply surveillance. The Harm Reduction vending machines are intended to provide lifesaving tools such as naloxone which can provide a life-saving dose to reverse an opioid overdose; fentanyl test strips which will allow an individual to test for the presence of a highly potent substance, fentanyl; and COVID-19 test kits with other hygiene and wellness products.



Attachment H- Opioid Abatement Advisory Commission

Recommended Areas of Focus

9. Expansion of Harm Reduction Marketing

This recommendation would fund the expansion of harm reduction social marketing campaigns at venues in high-risk areas of opioid and substance use. This funding would allow for more targeted work to occur in these high-risk areas, including more advertising on more billboards, buses and in establishments found in these areas, such as smoke shops, clubs and social venues, and hair/barber shops.

10. Establishment and Enhancement of Drop-in Centers with Peer Support

Peer-based recovery community organizations and programs have presented unique opportunities for the study of community responses to the opioid crisis in the USA. In the last decade, the number of peer-based organizations in the USA has expanded in large part due to federal investment through the Recovery Community Services Program (RCSP) and Access to Recovery (ATR) Substance Abuse and Mental Health Services Administration (SAMHSA) grants. Outside of the USA, peer-based harm reduction programs have shown that peer-delivered services are a viable option in reducing death and transmission of disease and having a positive impact on the quality of life of people who use drugs and those seeking recovery. As the USA continues to expand its understanding and acceptance of harm reduction practices, peer-based organizations can adapt to embrace both recovery and harm reduction strategies to play an even more important role in communities impacted the most by opioids and other substance use. (Source: Peer-delivered harm reduction and recovery support services: initial evaluation from a hybrid recovery community drop-in center and syringe exchange program)

This initiative seeks to combine a peer-based organization with the drop-in center model to provide basic harm reductions services to individuals with OUD and other SUDs. The services for individuals who actively experience substance use may include (but are not limited to): 1) Harm-reduction for substance use by incorporating overdose prevention and legally permissible harm reduction efforts into existing services; 2) Linkage to care and case management systems; 3) Access to free healthcare such as wound care, Hepatitis C/HIV testing and reproductive healthcare; 4) Referrals to substance use disorder level of care assessments, treatment, including MOUD and behavior health resources; 5) Peer support services; 6) and survival resources such as shelter and warmth or cooling.



Attachment H- Opioid Abatement Advisory Commission

Recommended Areas of Focus

11. Housing -Abstinence and Non-Abstinence Based Housing

This recommendation provides funding for housing services for both “abstinence-based” housing and “abstinence-not required” housing. Abstinence-based housing funding could cover 18 months of group housing living costs or /until permanent housing is available. “Abstinence not required” funding could cover the cost of living in individual or congregate settings for those who do not meet the eligibility criteria for permanent housing vouchers funded through HUD or DBH.

12. Mobile Methadone Medication Units

This recommendation seeks to utilize the revised federal guidelines to initiate a mobile methadone service operated by an existing certified methadone program using a van or other vehicle. Extend treatment sites to SUD facilities, shelters, and encampments and where hard-to-reach groups congregate. Provide all FDA-approved MOUD, counseling and harm reduction supplies like Narcan, test strips, clean needles, and wound care materials. Success and sustainability will be supported by active stakeholder engagement and a robust financial strategy that includes Medicaid billing.



Attachment H- Opioid Abatement Advisory Commission

Recommended Areas of Focus

13. Contingency Management Pilot

This recommendation seeks to solicit proposals for the design and pilot of a District of Columbia Digital Contingency Management (DCM) system founded on human-centered design with the latest technology and a rapid cycle iteration to harness the power of tangible incentives for achieving drug-free tests, session attendance, and milestones, all while guiding a transition to intrinsic self-motivation. The DCM system will be embedded across outpatient, inpatient, and residential facilities, incorporate peer recovery support, and target populations at higher risk. Robust research shows DCM's efficacy in increasing adherence, retention and reducing reuse. Plans must detail the execution and long-term viability.



Attachment H- Opioid Abatement Advisory Commission

Recommended Areas of Focus

14. Housing -Temporary Housing with Wrap-Around Services

This recommendation seeks to provide funding to acquire or refurbish a facility for 15-20 beds, including office space and a communal area. This facility should be established to provide comprehensive onsite services akin to DC's PEP-V program (Source: PEP-V Program Update for Stakeholders). This facility should also provide:

- Private rooms with amenities,
- Three meals plus snacks;
- 24/7 security;
- Daily primary care;
- 24-hour mental health support;
- Access to medical and community transportation;
- Linkage to care;
- Support for accessing community services and long-term support;
- Regular SUD-specific meetings;
- Structured non-therapeutic activities; and
- Housing-focused case management with permanent housing exit planning.

The facility should be staffed by people with lived experience (peers) and clinicians for clinical psychosocial support, and skill-building.



Contact Information

Orlando Barker

Interim Director of the Office of Opioid Abatement

Email: orlando.barker@dc.gov

Phone: 202-597-2904

PLEASE REMEMBER TO SEND YOUR CONTACT INFO!



Successful Packaging



Proposal Format and Content

1. Notice of Eligibility and Experience Requirements (Attachment A) (Fillable-Word)
2. Applicant Profile & Abstract (Attachment C) (Fillable-Word)
3. Table of Contents
4. Narrative
 - a. Administrative
 - b. Proposed Work Plan
 - c. Fiscal and Financial Management
 - d. Program Reporting
5. Work Plan Template (Attachment D) (Fillable-PDF)
6. Staffing Plan (Attachment E) (Fillable-PDF)
7. Budget and Budget Justification (Attachment F) (Fillable-Excel)
8. Required Documentation (see RFA pages 14 - 18)
9. Signed Attachments 2 – 8 (Fillable-PDF)



Work Plan (Attachment D)

FY23 RFA Work Plan Attachment D Fillable PDF.pdf - Adobe Acrobat Pro

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This file includes fillable form fields. You can print the completed form and save it to your device or Acrobat.com.

ATTACHMENT D - WORK PLAN

Goal 1: Clearly state the goal the program/project will pursue to address the issues identified.

Objective(s) <small>Provide key activity which will directly contribute to the project goal.</small>	Actions/Activities <small>Name the key actions to be implemented to achieve this objective.</small>	Results <small>List the results you expect to achieve which directly contribute to the objective for the goal identified.</small>	Person(s) Responsible <small>Indicate the staff member, group, or other person responsible for overseeing the activity.</small>	Duration <small>ex., 2 weeks, 3 months.</small>	Fiscal Year <input type="text"/> <small>Put an X in the corresponding month(s) this activity will occur.</small>											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal 2: Clearly state the goal the program/project will pursue to address the issues identified.

Objective(s) <small>Provide key activity which will directly contribute to the project goal.</small>	Actions/Activities <small>Name the key actions to be implemented to achieve this objective.</small>	Results <small>List the results you expect to achieve which directly contribute to the objective for the goal identified.</small>	Person(s) Responsible <small>Indicate the staff member, group, or other person responsible for overseeing the activity.</small>	Duration <small>ex., 2 weeks, 3 months.</small>	Fiscal Year <input type="text"/> <small>Put an X in the corresponding month(s) this activity will occur.</small>											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Objective 1:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 2:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staffing Plan (Attachment E)

The applicant's staff plan template (See Attachment E) is required.

FY23 RFA Staffing Plan Attachment E Fillable PDF.pdf - Adobe Acrobat Pro

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This file includes fillable form fields.
You can print the completed form and save it to your device or Acrobat.com.

ATTACHMENT E - STAFFING PLAN

The staffing plan provides a presentation and justification of all staff required to implement the project. The staffing plan must identify the total personnel to be supported under grant funding, and include all resumes or curriculum vitae as applicable.

Include the following elements for each position, per row, in the appropriate columns:

Position Title (ex., Project Director)	Staff Name (If the individual has not been identified to occupy this position, please indicate "To Be Determined")	Education / Experience Qualifications (ex., PMP Certification, 2019)	General Responsibilities (ex., "Maintain successful operation of project.")	Annual Salary (ex., 65000)	Percent FTE (For "10%" Type "10" in the cell)	Amount Requested (ex., 6500)
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					0%	
					0%	
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					0%	



Project Budget and Justification

The following categories and descriptions should be covered in the Budget/Justification:

- i. **Personnel:** Include the title of the position, name (or indicate vacancy), annual salary and level of effort (percentage of time) dedicated to this project.
- ii. **Fringe:** Provide the position, name (or indicate vacancy), total fringe benefit rate used.
- iii. **Travel:** Only local travel related to OTP and for the project staff will be approved in the grant budget. Provide purpose, destination, and type of travel.
- iv. **Equipment:** Provide the item, quantity, amount, and percent charged to the grant.
- v. **Supplies:** Include the items being requested and rate. Description should also include how the supplies directly support the project.
- vi. **Contractual:** Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate.
- vii. **Other Direct Costs:** List any costs not included in any of the other cost categories.
- viii. **Indirect Costs:** Indirect costs should not exceed 10% of direct costs, unless the organization has a negotiated indirect cost rate agreement. Please reference 45 CFR §75.414.
- ix. **Program Income:** If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.



Advance Payment Form (Attachment G)

RFA Advance Payment Request Form Attachment G.pdf - Adobe Acrobat Pro

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This file includes fillable form fields. You can print the completed form and save it to your device or Acrobat.com. Highlight Existing Fields

Department of Behavioral Health

ADVANCE PAYMENT REQUEST FORM

I. GRANTEE AND GRANT IDENTIFICATION

Organization/Applicant Name: [Text Box]

RFA No.: [Text Box]

RFA Title: [Text Box]

II. FUNDING AWARD & ADVANCE

Total Award: \$ [Text Box]	Advance Requested: \$ [Text Box] (Cannot exceed 90 days of the total award)	Percent of Total Award: ()%
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1. An applicant responding to a RFA shall identify in the application the need for an advance payment and acknowledge that, if selected, provide the information requested as part of the advance payment request.

2. The advanced funds shall be spent by the awarded grantee within the same DC Government fiscal year during which the advance is made.

3. Only one advance payment can be made per grant each fiscal year. If the awarded requests a second advance for a subsequent fiscal year, each advance shall be reviewed for approval.

4. The use of an advance payment shall be consistent with all terms and conditions of the grant.

III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE If attached separately, it must be signed by the representatives identified in section V of this form.

[Large Text Area]

Advance Payment

An applicant seeking an advance, must submit a completed Advance Payment Request form (Attachment G) with the submitted application and be signed by the organization's Chair of the Board of Directors and Executive Director, or equivalent positions. Applicants must detail the amount requested per budget category in the budget and justification (see Attachment F).

Advance payments are optional and an applicant is not required to submit the Advance Payment Request form. Failure to submit an Advance Payment Request form with the application eliminates the consideration for an advance payment. An advance payment will not be provided without prior official request and approval.

Please note: The advance payment for the grant should not exceed 25% of the total grant amount.



Letters of Agreement

SAMPLE LETTER OF AGREEMENT

Date

Speaker's Name
Address
City, State Zip

Dear Speaker's Name:

This letter serves as a formal agreement between Student Organization's Name and Speaker's Name, whereby Speaker's Name will provide professional services of XXXXXXXX, on date, time, place.

Speaker's Name is being sponsored by the Student Organization's Name and will be compensated for services provided in the amount of \$Amount. Payment will be disbursed upon completion of services. Please sign both copies of this agreement. Retain one copy for your file and return one copy to the Student Organization (or specific office).

President's Signature

Date

Student Organization Name

Speakers Signature




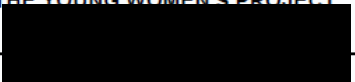

Date

Speaker's Social Security Number

NOTE: This is only an example. Each event varies, the letter should include items specific to your event.



Business License

GOVERNMENT OF THE DISTRICT OF COLUMBIA Muriel Bowser, Mayor		Department of Licensing and Consumer Protection Business License Division 1100 4th Street S.W. Washington DC 20024		Date Issued: 6/29/2023 Category: 4002 License#: 400212000353 License Period: 8/1/2022 - 12/29/2024	
BASIC BUSINESS LICENSE					
Billing Name and Address: YOUNG WOMENS PROJECT  WASHINGTON, DC 20009		Premise/Application's Name and Address: THE YOUNG WOMEN'S PROJECT  WASHINGTON, DC 20009		Registered Agent's Name and Address: NADIA MORITZ  #2000 WASHINGTON DC20009	
Owner's Name Corp. Name THE YOUNG WOMEN'S PROJECT Trade Name 					
CofO/HOP#: 188972		USE: 1000 Zone:		Ward: 1	ANC:
		UNITS: 1		PERM NO.	
Charitable Services General Business Charitable Solicitation					
					
-- THE LAW REQUIRES THIS LICENSE TO BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES --					
*License Effective from the later of Issued or Start of License-Period Date				Interim Director: Shirley Kwan-Hui	



Clean Hands Certification

Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue
1101 4th Street, SW
Washington, DC 20024

Date of Notice: February 12, 2019
Notice Number: L0900

SSN: ***-**-****
Case ID: 0000000000

CERTIFICATE OF CLEAN HANDS

As reported in the Clean Hands system, the above referenced individual/entity has no outstanding liability with the District of Columbia Office of Tax and Revenue or the Department of Employment Services. As of the date above, the individual/entity has complied with DC Code § 47-2862, therefore this Certificate of Clean Hands is issued.

TITLE 47, TAXATION, LICENSING, PERMITS, ASSESSMENTS, AND FEES
CHAPTER 28 GENERAL LICENSE
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT
D.C. CODE § 47-2862 (2006)
§ 47-2862 PROHIBITION AGAINST ISSUANCE OF LICENSE OR PERMIT

Authorized By Marc Anonin
Chief, Collection Division

To validate this certificate, please visit MyTax.DC.gov. On the MyTax homepage, click "Clean Hands" and then the "Validate a Certificate of Clean Hands" hyperlink.

Each applicant must submit a current Clean Hands Certification from the District of Columbia Office of Tax Return. DBH requires that the submitted Clean Hands Certification reflect a date within a thirty-day period immediately preceding the application's submission. Self-Certification is not acceptable.



IRS 990 FORM (Non-Profits Only)

The applicant must submit the organization's 990 form from the most recent tax year.



Please see <https://www.irs.gov/forms-pubs/about-form-990>
for more information.



IRS Tax –Exempt Determination Letter & 501 (c)(3) Letter (Non-Profits Only)



IRS

Department of the Treasury
Internal Revenue Service

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 17 2009

Employer Identification Number:
33-0769905

DLN:

17053178717029

Contact Person:

FAITH E CUMMINS

ID# 31534

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

SAN DIEGO POLICE HISTORICAL
ASSOCIATION
1401 BROADWAY ST STE M5734
SAN DIEGO, CA 92101-5710

Dear Applicant:

Our letter dated December 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



Religious Organizations

Best Evidence of IRS Tax Exemption Examples:

1. A letter from the leader of the organization verifying that the organization is a religious group;
2. A letter from the group's board chair or similar official, verifying that the organization is a religious group;
3. The applicant's most recently submitted state sales or other tax exemption form, if it exists (Form 164 in the District of Columbia); or
4. The state's issued tax exemption certificate or card, if it exists. (See IRS publication no. 1828, Tax Guide for Churches and Religious Organizations).



IRS W-9 Tax Form

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification ► Go to www.irs.gov/FormW9 for instructions and the latest information.		Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
2 Business name/disregarded entity name, if different from above				
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC			Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership) ► _____			Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ► _____			(Applies to accounts maintained outside the U.S.)
<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate				
5 Address (number, street, and apt. or suite no.) See instructions.				
6 City, state, and ZIP code				
7 List account number(s) here (optional)				
Part I Taxpayer Identification Number (TIN)				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.				
Social security number				
OR				
Employer identification number				
Part II Certification				
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and				
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and				
3. I am a U.S. citizen or other U.S. person (defined below); and				
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.				
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				
Sign Here Signature of U.S. person ► Date ►				
General Instructions				
Section references are to the Internal Revenue Code unless otherwise noted.				
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 .				
Purpose of Form				
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:				
• Form 1099-DIV (dividends, including those from stocks or mutual funds)				
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)				
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)				
• Form 1099-S (proceeds from real estate transactions)				
• Form 1099-K (merchant card and third party network transactions)				
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)				
• Form 1099-C (canceled debt)				
• Form 1099-A (acquisition or abandonment of secured property)				
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.				
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.				

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

Calendar Year 2024



Audited Financial Statements

If audited financial statements or reviews are not available, the applicant must provide:

- the Organizational Budget,
- Income Statement (Profit and Loss Statement),
- Certified Balance Sheet (certified by an authorized representative of the organization), and
- any letters, filings, etc. submitted to the IRS within the three (3) years before date of grant application.



Separation of Duties Policy

The applicant should state which of these situations apply and provide the following information

1. Describe how financial transactions are handled and recorded;
2. Provide the names and titles of personnel involved in handling money;
3. Identify how many signatures the financial institution(s) require on the organization's checks and withdrawal slips; and,
4. Address other limits on staff and board members' handling of the organization's money.



Board of Directors



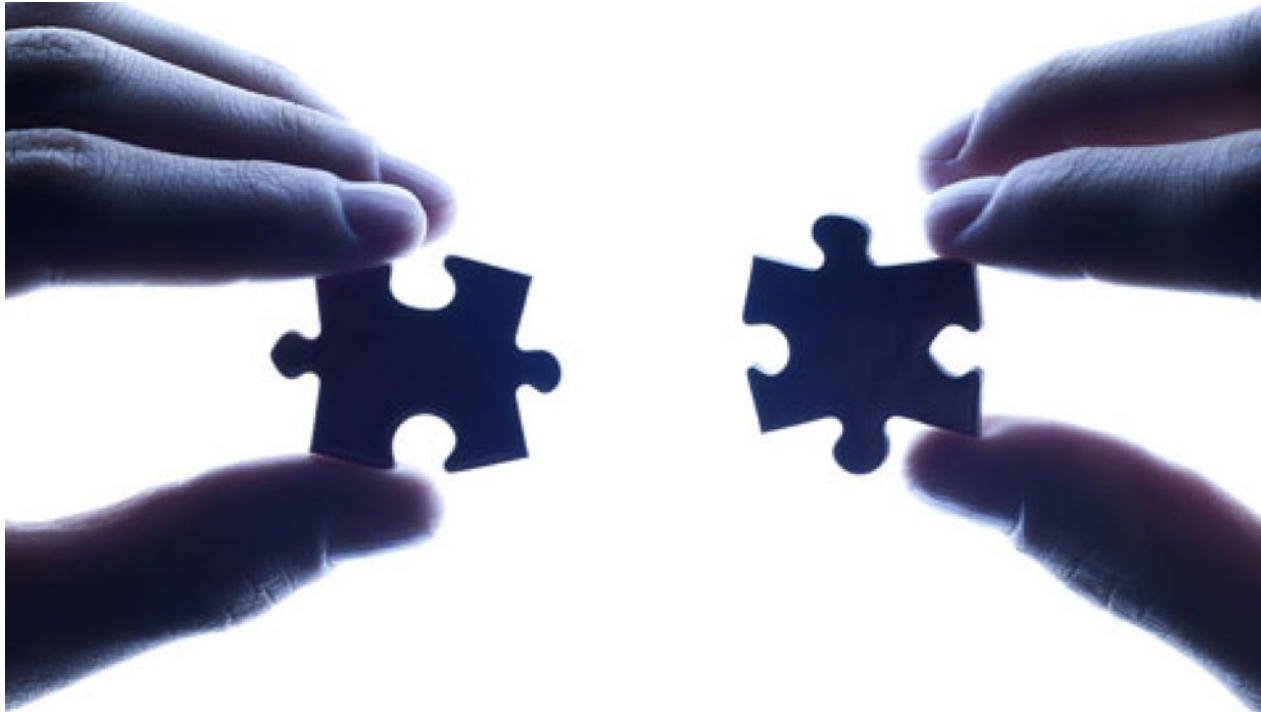
(No Template Provided)

System for Award Management (SAM) Registration (Unique Entity ID)



Visit www.sam.gov for more information

Partner Documents



Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation

During the term of the grant, all organizations will be required to obtain and keep in force insurance coverage as listed below and must provide in writing the name of all its insurance carriers and the type of insurance provided:

- The Organization shall carry employer's liability coverage of at least one hundred thousand dollars (\$100,000), if applicable.
- The Organization shall carry bodily injury liability insurance coverage written on the comprehensive form of policy of at least five hundred thousand dollars (\$500,000) per occurrence.
- The Organization shall carry automobile liability insurance written on the comprehensive form of policy, if applicable. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing grant activities. Policies covering automobiles shall provide coverage of at least two hundred thousand dollars (\$200,000) per person and five hundred thousand dollars (\$500,000) per occurrence for bodily injury and one hundred thousand dollars (\$100,000) per occurrence for property damage.



Fillable Attachments 2-8

2. Assurances, Certifications and Disclosures
3. Program Income and Financial Disclosure
4. DC Contribution and Solicitation Certification
5. Federal Assurances and Certifications
6. Tax Certification
7. Sub-Grantee Single Audit Certification
8. DBH Grant Terms and Conditions



Checklist For RFA Application

CHECKLIST FOR RFA APPLICATION

A complete DBH RFA Application Package shall adhere to the following guidance:

- ☐ Documents requiring signature have been signed by the agency head or AUTHORIZED Representative of the applicant's organization.
- ☐ The application must have a UEI number to be awarded funds. Go to SAM.gov to apply for and obtain a UEI # if needed.
(<https://sam.gov/content/home>)(<https://sam.gov/content/home>)
- ☐ The Project Narrative is typed using the following formats: 8-1/2 by 11-inch paper, 1.0 spaced, Arial or Times New Roman font 12-point type (10-point font for tables and figures), and a minimum of one-inch margins. Applications that do not conform to these requirements will not be forwarded to the review panel.
- ☐ The application proposal format conforms to the "Application Requirements" listed in the RFA.
- ☐ The proposed budget is complete and complies with the allowable items provided in the RFA. All data is captured using the "Budget and Budget Justification" (Attachment F) provided with the RFA. The budget justifications are complete and describe the items proposed in each category.
- ☐ The proposed work plan, staffing plan, Work Plan (Attachment D), Staffing Plan (Attachment E), and any other requested attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via email to DBH Grants, DBH.Grants@dc.gov by ET on the deadline of . Applications will not be accepted late. Applicants are encouraged to submit their applications 24 hours prior to the deadline for any necessary electronic/technical troubleshooting.

A complete DBH RFA Application Package shall include the following:

- ☐ Notice of Eligibility and Experience Requirements (Attachment A)
- ☐ Intent to Apply Notification (Attachment B)
- ☐ Application Profile (Attachment C)
- ☐ Project Abstract (Attachment C)
- ☐ Table of Contents
- ☐ Project Narrative
- ☐ Work Plan (Attachment D)
- ☐ Staffing Plan (Attachment E)
- ☐ Budget and Budget Justification (Attachment F)
- ☐ Advance Payment Request Form (Attachment G)
- ☐ Letters of Agreement
- ☐ Organizational Required Documents:
 - ☐ Business License
 - ☐ Certificate of Clean Hands
 - ☐ IRS Tax-Exempt Determination Letter (for nonprofits only)
 - ☐ IRS 990 Form from most recent tax year (for nonprofits only)
 - ☐ IRS W-9 Form, if applicable
 - ☐ Audited Financial Statements
 - ☐ Separation of Duties Policy
 - ☐ Board of Directors
 - ☐ Active UEI Number (Unique Entity ID via System for Award Management (SAM))

- ☐ Partner Document(s) (if applicable)
- ☐ Proof of Insurance for Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- ☐ General Terms and Conditions (Attachment 1)
- ☐ Assurances, Certifications, & Disclosures (Attachment 2)
- ☐ Program Income and Financial Disclosure (Attachment 3)
- ☐ DC Contribution and Solicitation Certification (Attachment 4)
- ☐ Federal Assurances and Certifications (Attachment 5)
- ☐ Special Terms of Award Funding (Attachment 6)
- ☐ DC Tax Certification (Attachment 7)
- ☐ Sub-Grantee Single Audit Certification (Attachment 8)
- ☐ DBH Grant Terms and Conditions (Attachment 9)



Applications are Due: **Rolling Deadline, final submission** must be submitted no later than **Wednesday, June 12th, 12:00 P.M. ET. First Application Reviews will start on Wednesday, May 22, 2024**

Proper submission requires the applicant to attach all files as PDF's and split documents within each as follows:

- File #1 – (**Attachments A & C**) Notice of Eligibility and Experience Requirements, Applicant Profile, Abstract, Table of Contents, and Project Narrative.
- File #2 – (**Attachments D-F**) Work Plan, Staffing Plan, and Budget & Budget Justification.
- File #3 – Letters of Agreement, Partner Documents, Business License, Active UEI Number, Certificate of Clean Hands, IRS Tax Exemption Letter, IRS W-9 Form, and IRS 990 Form.
- File #4 – Audited Financial Statements, Separation of Duties Policy, and Board of Directors.
- File #5 – (**Attachment G & Attachments 2 - 8**) Advance Payment Request Form* (if applicable), Attachment 2*, Attachment 3*, Attachment 4*, Attachment 5*, Attachment 6*, Attachment 7*, and Attachment 8*.

***These Attachments are in a fillable PDF. Complete the PDF, “Save As” with organization’s name, and send that PDF.**



Review and Scoring

Application submissions will be confirmed according to the date and time received in the Grants inbox.

EMAIL TIME STAMP: 8:29 PM

NUMBER OF FILES RECEIVED: 1 PD FILE

EMAIL NOTIFICATION ON THIS DATE: 10/01/2023

RECEIVED BY: Shelley Baker

***An automated reply email message will be sent to the submitting email address confirming only the “receipt” of a submission.**



Remember!

- ☐ Read the entire RFA, including the attachments!
- ☐ The last opportunity to submit questions is Wednesday, June 5, 2024 , one week prior to the RFA's closing. Wednesday, June 12, 2024
(When emailing questions please copy DBH.Grants@dc.gov)
- ☐ Before submitting, review the Checklist and the Submission Requirements.
- ☐ Have a second reader to review your application before submitting.
- ☐ Don't wait until the last minute to submit!



Remember !

- ☐ RFA and Attachments can be found on either the Mayor's Office of Community Affairs or Department of Behavioral Health websites:

<https://communityaffairs.dc.gov/content/community-grant-program#4>

<https://dbh.dc.gov/page/request-applications-01>

- ☐ Complete and sign attachments as requested.
- ☐ Email subject line should include RFA # and File #.
- ☐ Applications are to be emailed to DBH.Grants@dc.gov
- ☐ Meet the submission deadline **Wednesday, June 12, 2024, by 12:00 P.M. ET**



FAQ Submission Deadline:

Wednesday, June 5, 2024

Application Submission Deadline:

Rolling Deadline, final date of submission no later than, Wednesday, June 12, 2024. First set of Application Reviews will begin on Wednesday, May 22, 2024.

Anticipated Award Start Date:

Rolling start date, based upon application submission.



Questions

