

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

---

## **Pre-Application Conference**



**RFA Number: RM0 DOR012221**

**RFA Title: District of Columbia Opioid Response (DCOR)  
Grant Opportunities**

Friday, January 29<sup>th</sup>, 2:00-2:45 p.m. ET



# **Send us your contact information!**

Please email [Arielle.Brock@dc.gov](mailto:Arielle.Brock@dc.gov) with your name, preferred email address, and phone number.



# Purpose of the Pre-Application Conference

---

The RFA includes **five** opportunities – **one** of which will be discussed today:

- **Competition #1: Faith-Based Prevention, Outreach, and Recovery 10:00-10:45am**
- **Competition #2: Pregnant and Parenting Individuals: Screening for Substance Use Disorders 11:00-11:45am**
- **Competition #3: Pregnant and Parenting Individuals: Treatment for Substance Use Disorders 1:00-1:45pm**
- **Competition #4: Hospital-Based Naloxone Training and Technical Assistance 2:00-2:45pm**
- **Competition #5: Comprehensive Care Management for Individuals with Opioid and/or Stimulant Use Disorder 3:00 – 3:45pm**

**IF YOU ARE APPLYING TO MULTIPLE COMPETITIONS:** An organization applying to multiple competitions must submit a separate application for each competition. Applications may not be combined.



# Competition #4

---

## **Hospital-Based Naloxone Training and Technical Assistance:**

Application Deadline:  
Monday, February 22,  
12:00 P.M. ET



# Amount of Funding and Grant Awards (p. 12)

---

## **Competition #4 Hospital-Based Naloxone Training and Technical Assistance;**

This RFA will make available up to \$424,883 for 1 award over 1 base year.



# DCOR Background (p. 16)

---

- The DCOR 2 grant is focused on increasing access to MAT, reducing unmet treatment needs, and reducing opioid overdose-related deaths in the District through the provision of prevention, treatment, and RSS to individuals with opioid use disorder (OUD) and stimulant use disorder (STUD).
- DBH is particularly interested in supporting innovative initiatives under DCOR 2 that reflect the urgency that is felt about increased overdose deaths driven primarily by an increased amount of fentanyl in both opioids and stimulants (primarily cocaine and methamphetamines).
  - There have been 174 overdose deaths in the District through May 2020 compared to only 97 during the same timeframe in 2019.
  - The percentage of fentanyl or fentanyl analogs involved with opioid overdoses has steadily increased since the first quarter of 2015 (22%) to 95% in 2020.
- The increase in preventable deaths, alongside the dramatic change in the District's drug supply, calls for a move away from “business as usual” and towards creative strategies that can make meaningful, positive impact for District residents who have OUD and/or STUD.



## **Hospital-Based Naloxone Training and Technical Assistance Background(p. 49)**

---

- Between August and October 2020, at least 9,552 individuals who presented to emergency departments (EDs) in the District screened positive for substance use. In October 2020 alone, there were at least 133 individuals who were in an ED for a suspected opioid overdose.
- Experiencing a nonfatal overdose and acquiring an injection-related infection are two of the most significant predictors of a subsequent fatal overdose, which makes hospitals critical intervention points for distributing naloxone, an opioid overdose reversal drug.
- Currently, it is not common practice for hospitals to discharge patients who have OUD with naloxone. DBH intends to partner with a grantee to support training and technical assistance for hospitals to easily identify patients who might benefit from naloxone and dispense it to them upon release from the ED or an inpatient unit.
- At the end of this initiative, all DC hospitals should have developed policies, procedures and a workflow to ensure anyone at risk of using opioids or witnessing an opioid overdose is released with naloxone.



# **Hospital-Based Naloxone Training and Technical Assistance Background (p. 49)**

---

- This competition will support the LIVE. LONG.DC. Plan Strategy 3.8, “Encourage provider continuing education on increasing prescriptions of naloxone for persons identified with OUD or those at risk.” It also supports Strategy 4.1, “Increase harm reduction education to families and communities, including naloxone distribution for those most affected.” This competition will be funded by the DCOR 1 grant.





# Eligibility and Experience Requirements (p. 49)

---

## **All competitions:**

1. A not-for-profit organization located in the District of Columbia (DC) and licensed by the DC Department of Consumer and Regulatory Affairs (DCRA) to conduct business.
2. Ability to enter into an agreement with DBH requiring compliance with all governing federal and District of Columbia laws and regulations, including Substance Use Disorders and Mental Health Grants (22-A DCMR Chapter 44).

## **Competition #4 – Hospital-Based Naloxone Training and Technical Assistance:**

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

### **Eligibility Criteria**

Those applying should meet the following criteria:

- At least two (2) years' experience providing training and/or technical assistance to large, urban hospitals;
- Demonstrated knowledge of the financial, legal, and regulatory landscape surrounding naloxone; and,
- Demonstrated ability to start work within thirty (30) calendar days of award.

### **Additional Experience Requirements**

- Experience managing local (District of Columbia) or federal grants; and,
- A functioning accounting system that is operated in accordance with generally accepted accounting principles.



## Target Population (p. 50)

---

- The target population is hospital administrators and staff in the following eight (8) hospitals: George Washington University Hospital, Howard University Hospital, MedStar Georgetown University Hospital, Sibley Memorial Hospital, MedStar Washington Hospital Center, United Medical Center, Psychiatric Institute of Washington, and St. Elizabeth's Hospital.



# Scope of Services (p. 50)

---

## Scope of Services

1. Conduct a needs assessment that evaluates any efforts already underway to expand naloxone access in DC hospitals and the barriers hospitals face in making naloxone freely available to patients who need it;
2. Use the results of the needs assessment to develop and deliver training and technical assistance to DC hospitals to help establish and implement policies, procedures, and a workflow to dispense naloxone to patients, upon release from the hospital;
3. Provide ongoing, individualized technical assistance to hospitals around naloxone dispensing for the duration of the grant period, as needed; and,
4. Develop a sustainability plan with the hospitals to ensure that naloxone continues to be distributed after the conclusion of the grant period.



# Data Collection and Reporting (p. 50)

---

## Data Collection and Reporting

Grantees will be required to collect, track, and report information on services provided and individuals served, including:

1. The number of patients seen or admitted with opioid use disorder (OUD) by department;
2. The number of patients seen or admitted after an overdose;
3. The percentage of individuals with OUD who are discharged from the hospital with naloxone;
4. The amount of naloxone distributed at each hospital by department; and,
5. The number of hospital staff engaged in training/technical assistance at each hospital and each staff member's title.



## Data Collection and Tracking

1. Grantees will identify a point of contact for all data matters pertaining to the initiative.
2. Grantees will be responsible for ensuring that all hospitals that received training or technical assistance under this funding opportunity will be included in the grant data collection and submit monthly data report, by the 10th day of each month.
3. Grantees will be responsible for tracking and evaluating grant activities.
4. Grantees will submit monthly progress reports that detail strides toward meeting the deliverables as outlined in the DBH approved Scope of Work (SOW).



# Project Narrative – Organizational Capacity(p. 51)

---

## Project Narrative – up to ten (10) pages

### A. Organizational Capacity

Applicants should include the following information to highlight their experience and capacity to provide hospital-based naloxone training in the District:

1. Describe their experience and capacity to meet the scope of services outlined in this request for application (RFA);
2. Have among its organizational purposes, significant activities related to providing training and technical assistance to hospitals;
3. Describe relevant experience, and duration of that experience, in delivering the services or partnering with others to deliver the services proposed under this RFA. Specify experience with large, urban hospitals and naloxone or other behavioral health-related workflows;
4. Describe the staff who will work on this initiative, including anyone that would be hired to run or provide oversight of the initiative;
5. Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise; and,
6. Describe the organization's plan to be fully operational within thirty (30) calendar days of the new grant agreement.



# Project Narrative – Project Need (p. 51)

---

**Applicants should describe the unmet need in the community in which the POC is to be located.**

## **B. Project Need**

Applicants should describe the unmet need for hospital-based naloxone in the District.



# Project Narrative – Project Description (p. 51)

---

## **Project Description (align to Work Plan, Attachment D)**

Applicants should describe:

1. Clearly defined measurable goals, objectives, and anticipated outcomes;
2. Existing relationships with the eight (8) hospitals in the District and a plan to build support for this initiative, if needed (NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations);
3. A timeline for implementation that clearly defines milestones, inclusive of start-up;
4. A plan to develop and administer a needs assessment that identifies barriers to hospital-based naloxone distribution;
5. A plan to use the results of the needs assessment to develop training and technical assistance for each of the eight (8) hospitals that includes policy and procedure development and workflow changes;
6. A plan to provide ongoing training and technical assistance to each hospital as needed and develop a sustainability plan; and,
7. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise.





# Project Narrative – Project Evaluation(p. 51)

---

The applicant must include clear, quantitative goals and objectives for the grant period and present a sound and feasible evaluation plan that meets the goals in this application.

The section should describe the applicant's plan to evaluate the initiative. The description should include the proposed targets for the following key grant outcomes:

1. The number of patients seen or admitted with OUD by department;
2. The number of patients seen or admitted after an overdose;
3. The percentage of individuals with OUD who are discharged from the hospital with naloxone;
4. The amount of naloxone distributed at each hospital by department; and,
5. The number of hospital staff engaged in training/technical assistance at each hospital and each staff member's title.

The grantee may propose additional outcome measures specific to the initiative, subject to DBH approval.



# Staffing Plan and Work Plan(p. 52)

## **Work Plan (not counted in page limit)**

The work plan template (**see Attachment D**) provided by DBH is required. The work plan describes key activities and tasks to successfully deliver the POC scope of services and aligns with the Project Description narrative under Application Requirements. The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

## **Staffing Plan (not counted in page limit)**

The applicant's staff plan template (**see Attachment E**) provided by DBH is required. The staffing plan should describe staff duties, qualifications, and the percent of time to be spent on project activities, and whether the time will be charged to the grant. The plan should clearly indicate which staff positions will need to be hired. Staff CVs, resumes, and position descriptions shall be submitted and will not count towards the page limit. Staffing should include, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program; staff responsible for service delivery; staff responsible for monitoring programmatic activities and use of funds; and staff responsible for data collection, quality and reporting. The individual who will be responsible for Government Performance and Results Act (GPRA) data collection should be specified.



# Budget Narrative (p. 52)

---

## Budget Narrative

The budget should reflect a six (6) month period. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the six (6) month grant period.

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

- Personnel: Include the title of the position, name (or indicate vacancy), annual salary (cannot exceed \$197,300) and level of effort (percentage of time) dedicated to this project.
- Fringe: Provide the position, name (or indicate vacancy), total fringe benefit rate used.
- Travel: Only local travel related to the (insert name of project/effort) and for the project staff will be approved in the grant budget. Provide purpose, destination, and type of travel.
- Equipment: Provide the item, quantity, amount, and percent charged to the grant.



# Budget Narrative (Cont..) (p. 52)

---

## Budget Narrative

- Supplies: Include the items being requested and rate. Description should also include how the supplies directly support the project.
- Contractual: Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate. Any vendors selected under this RFA will be required to provide a breakdown of its personnel costs for each person performing services under the contract. This breakdown shall include: the actual salary paid, the actual fringe rate applied to the salary, any overhead applied and the profit amount.
- Other Direct Costs: List any costs not included in any of the other cost categories.
- 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.
- Program Income: If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.



# Evaluation Criteria(p. 55)

---

## Criterion 1: Capacity (Corresponds to Organizational Capacity Section) – 30 points

Applicants should:

1. Describe their experience and capacity to meet the scope of services outlined in this RFA **(5 points)**;
2. Have among its organizational purposes significant activities related to providing training and technical assistance to hospitals **(5 points)**;
3. Describe relevant experience, and duration of that experience, in delivering the services or partnering with others to deliver the services proposed under this RFA. Specify experience with large, urban hospitals and naloxone or other behavioral health-related workflows **(5 points)**;
4. Describe the staff who will work on this initiative, including anyone that would be hired to run or provide oversight of the initiative **(5 points)**;
5. Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise **(5 points)**; and,
6. Describe the organization's plan to be fully operational within thirty (30) calendar days of the new grant agreement **(5 points)**.



## Evaluation Criteria (Cont..) (p. 56)

---

### **Criterion 2: Need (Corresponds to Project Need Section) – 10 points**

Applicants should:

- Applicants should describe the unmet need for hospital-based naloxone distribution in the District. **(10 points)**



# Evaluation Criteria (Cont..) (p. 56)

---

## **Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 45 points**

Applicants should:

1. Clearly defined measurable goals, objectives, and anticipated outcomes **(5 points)**;
2. Existing relationships with the eight (8) hospitals in the District and a plan to build support for this initiative, if needed (NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations) **(5 points)**;
3. A timeline for implementation that clearly defines milestones, inclusive of start-up **(5 points)**;
4. A plan to develop and administer a needs assessment that identifies barriers to hospital-based naloxone distribution **(10 points)**;
5. A plan to use the results of the needs assessment to develop training and technical assistance that includes policy and procedure development and workflow changes for each of the eight (8) hospitals **(10 points)**;
6. A plan to provide ongoing training and technical assistance to each hospital as needed and develop a sustainability plan **(5 points)**; and,
7. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise **(5 points)**.



# Evaluation Criteria (Cont..) (p. 56)

---

## **Criterion 4: Evaluation (Corresponds to Project Evaluation Section) – 10 points**

Applicants should describe the plan to evaluate the initiative, including how the organization will track work plan progress, to ensure deliverables are achieved by September 29, 2021 and reported on no later than October 15, 2021 **(5 points)**.

The description should include the proposed targets for the following key grant outcomes **(5 points)**:

1. The number of patients seen or admitted with OUD by department;
2. The number of patients seen or admitted after an overdose;
3. The percentage of individuals with OUD who are discharged from the hospital with naloxone;
4. The amount of naloxone distributed at each hospital by department; and,
5. The number of hospital staff engaged in training/technical assistance at each hospital and each staff member's title.





### **Criterion 5: Project Budget and Justification – 5 points**

The applicant provided a budget and budget narrative justification of the items included in their proposed budget **(5 points)**.



## Evaluation Criteria (Cont..)(p. 55)

---

All applications for this RFA will be objectively reviewed and scored against the following key criteria.

- Criterion 1 – Capacity (Total of 30 Points)
- Criterion 2 – Need (Total of 10 Points)
- Criterion 3 – Strategic Approach (Total of 45 Points)
- Criterion 4 – Evaluation (Total of 10 Points)
- Criterion 5 – Project Budget and Justification (Total of 5 Points)



# Application Preparation & Submission (pg. 68)

Multiple competitions are included in this RFA to allow multiple submissions per competition by one organization. An application package consists of an Application Profile and Table of Contents, Project Narrative, Project Budget/Budget Justification, and other related Attachments.

## APPLICATION PREPARATION & SUBMISSION

Multiple competitions are included in this RFA to allow multiple submissions per competition by one organization. An application package consists of an Application Profile and Table of Contents, Project Narrative, Project Budget/Budget Justification, and other related Attachments.

### Application Package

The following attachments **are not** included in the 11 page limit:

- A. Notice of Eligibility and Experience Requirements (**Attachment A**)
- B. Intent to Apply Notification (**Attachment B**)
- C. DBH Application Profile (**Attachment C**)
- D. Table of Contents – Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.
- E. Work Plan (**Attachment D**)
- F. Staffing Plan (**Attachment E**)
- G. Budget and Budget Justification (**Attachment F**)
- H. Advance Payment Request Form (**Attachment G**)
- I. Letters of Agreement

- J. Business License & Certificate of Occupancy
- K. Clean Hands Certification
- L. 501(c)(3) Letter
- M. Articles of Incorporation & Bylaws
- N. IRS W-9 Form
- O. IRS Tax Exemption Letter
- P. Current Fiscal Year Budget
- Q. Financial Statements
- R. Separation of Duties Policy
- S. Board of Directors
- T. System of Award Management Registration
- U. General Terms and Conditions (**Attachment 1**)
- V. Assurances, Certifications & Disclosure (**Attachment 2**)
- W. Financial Disclosure (**Attachment 3**)
- X. DC Contribution and Solicitation Certification (**Attachment 4**)
- Y. DBH Federal Assurances and Certifications (**Attachment 5**)
- Z. Special Terms of State Opioid Response (SOR) Award Funding (**Attachment 6**)
- AA. Special Terms of Award Funding (**Attachment 7**)
- BB. Tax Certification (**Attachment 8**)
- CC. Sub-Grantee Single Audit Certification (**Attachment 9**)
- DD. DBH Grant Terms and Conditions (**Attachment 10**)

68

The following attachments **are** included in the 11 page limit:

- A. Project Abstract – **1 page** (found in **Attachment C**)
- B. Project Narrative – **10 pages**

**Note: Failure to submit ALL of the above attachments and appendices will result in a rejection of the application from the review process. The application will not qualify for review.**

RFA # RM0 DOR012221



# Application Preparation & Submission (Cont..) (p. 58)

---

**Applications Due:** February 22, 2021, and must be submitted no later than 12 p.m. ET

- Applications accepted after the deadline will not be forwarded to the Independent Review Panel for funding consideration.
- No applications will be accepted by fax, on-site and/or in-person.
- Applications are to be emailed to [DBH.Grants@dc.gov](mailto:DBH.Grants@dc.gov). Each email must be clearly labeled in the “Subject” with the organization’s name, and DBH RFA number.



# Project Attachments



# **Project Abstract (1 page, counted in page limit)**

---

- A one-page project abstract is required (**see Attachment C**). 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 typed 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*):
  - **Project Description:** Briefly outline how the organization will implement the project in service of the goal and objectives.
- **Performance Metrics:** Outline the key outcome and process metrics and associated targets that will be used to assess grantee performance.



# Work Plan (not counted in page limit)

The work plan template (**see Attachment D**) provided by DBH is required. The work plan describes key activities and tasks to successfully deliver the (program/effort) scope of services and aligns with the Project Description narrative under Application Requirements. The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

Attachment D

WORK PLAN

Objectives	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year XX											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	
Goal 1: Directors: State clearly the goal your program/project will pursue to address the issues identified.																
Objective 1: Directors: Provide the key actions to be implemented to achieve the objective.	Directors: Allow the key actions to be implemented to achieve the objective.	Directors: Results you expect to achieve which directly contribute to the objective for the goal identified.	Directors: Indicate the staff member, group, or other person responsible for overseeing the activity.	Directors: Indicate the duration of the activity (for example, 1 month, 3 months, etc.) (List "part of X" in the corresponding month(s) the activity will occur.												
Objective 2:																
Goal 2:																
Objectives	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year XX											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	

# Staffing Plan (not counted in page limit)

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

Position Title	Staff Name	Education / Experience Qualifications	Resume or CV Included	General Responsibilities	Annual Salary	Percent FTE	Amount Requested

- The staffing plan should describe staff duties, qualifications, and the percent of time to be spent on project activities, and whether the time will be charged to the grant.
- The plan should clearly indicate which staff positions will need to be hired. Staff CVs, resumes, and position descriptions shall be submitted and will not count towards the page limit.





## **Staffing Plan (Cont..) (not counted in page limit)**

---

- Staffing should include, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program; staff responsible for service delivery; staff responsible for monitoring programmatic activities and use of funds; and staff responsible for data collection, quality and redeliver the recovery month program.



# Project Budget and Justification (not counted in page limit)

<b>A. PERSONNEL</b>					
<b>FEDERAL REQUEST - Personnel Narrative</b>					
<b>Position (1)</b>	<b>Name (2)</b>	<b>Key Staff (3)</b>	<b>Annual Salary/Rate (4)</b>	<b>Level of Effort (5)</b>	<b>Total Salary Charge to Award (6)</b>
(1) Project Director	Alice Doe	Yes	\$ 64,890	10%	\$ 6,489
(2) Program Coordinator	Vacant to be hired within 60 days of anticipated award date	No	\$ 46,276	100%	\$ 46,276
(3) Clinical Director	Jane Doe	No	In-kind cost	20%	\$ -
<b>Federal Request</b> (enter in Section B column 1, line 6a of SF-424A)					<b>\$ 52,765</b>

<b>FEDERAL REQUEST - Justification for Personnel</b>
1. The Project Director will provide oversight of the grant. This position is responsible for overseeing the implementation of the project activities, internal and external coordination, developing materials, and conducting meetings.
2. The Program Coordinator will coordinate project service and activities, including training, communication and information dissemination.



# Budget and Budget Justification

---

The application should include a project budget (see Attachment F) with justification using the provided template. The project budget and budget justification should be directly aligned with the work plan and project description.

- 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:** This category is not applicable, and therefore not an allowable expense.
- IV. Equipment:** This category is not applicable, and therefore not an allowable expense.
- V. Supplies:** Include the items being requested and rate. Description should also include how the supplies directly support the project.



## Budget and Budget Justification (Cont..)

---

- VI. Contractual:** Provide the name of entity and identify whether it's a sub-recipient, sub grantee, 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 such as **virtual platforms**.
- VIII. Indirect Costs:** Indirect costs should not exceed 10% of direct costs, unless the organization has a negotiated indirect cost rate agreement.
- 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.



# Advances (not counted in page limit)

An applicant seeking an advance, must submit a completed Advance Payment Request form signed by the organization's Chair of the Board of Directors and Executive Director, or equivalent positions. (see Attachment G).

**No advance payment will be provided without prior official request and approval.**

Department of Behavioral Health ADVANCE PAYMENT REQUEST FORM		
<b>Attachment G</b>		
<b>I. GRANTEE AND GRANT IDENTIFICATION</b>		
Organization/Applicant Name:		
RFA No.:		
RFA Title:		
<b>II. FUNDING AWARD &amp; ADVANCE</b>		
Total Award: \$	Advance Requested: \$ <small>(Amount allowed is the lesser of the first 30 days or 25% of the award)</small>	Percent of Total Award: ( ) %
<p>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.</p> <p>2. The advanced funds shall be spent by the awarded grantee within the same DC Government fiscal year during which the advance is made.</p> <p>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.</p> <p>4. The use of an advance payment shall be consistent with all terms and conditions of the grant.</p>		
<b>III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE</b> If attached separately, it must be signed by the representatives identified in section V of this form.		
<b>IV. TERMS AND CONDITIONS</b>		
The applicant must submit a statement of need for the specified amount of advance payment (please attach and sign).		
The applicant must submit documentation of the use of advanced funds (invoices, receipts, payroll documentation, etc.) to the DBH grant project director and/or fiscal monitor before the end of the grant performance period, or sooner, if explicitly requested by the DBH grant project director. The approved awardee must use the advanced funds in accordance with all the terms and conditions of the grant award.		



# Letters of Agreement (not counted in page limit)

---

- Applicant should submit all letters of agreement, from other agencies and organizations that will be actively engaged in the proposed project (no template provided).



# **Business License**

## **(not counted in page limit)**

---

- The applicant must submit a current business license with Active Charitable Solicitation and Certificate of Occupancy issued by the District of Columbia Department of Consumer and Regulatory Affairs. If the applicant does not have a current license, a copy of the business license application and receipt filed no later than the due date of the grant application may be submitted.



# Clean Hands Certification (not counted in page limit)

- 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.

<https://mytax.dc.gov/WebFiles/fao/fao.html>

## Does a MyTax issued Certificate of Clean Hands have an expiration date?

A Certificate of Clean Hands represents your compliance status at the point-in-time the certificate is issued. Accounts balances can (and do) change through the passage of time and events. For this reason, functionality has been built into the system that allows agencies to confirm the authenticity of a presented certificate as well as to receive an up-to-date compliance status; however, for non-resident applicants, the Certificate of Clean Hands will expire 90 days from the date of issuance. Once the Certificate of Clean Hands has expired, applicants must re-apply on MyTax.DC.gov.

## How do I request a Certificate of Clean Hands (CCH)?

Certificate of Clean Hands can be requested via OTR's online portal, MyTax.DC.gov. If you are a District of Columbia individual or business taxpayer, you must log-in to your MyTax.DC.gov account to generate the request.

If you do NOT have a MyTax account and are required to pay District of Columbia taxes (business or individual), you must first create a MyTax.DC.gov account. Once the account has been created, you can utilize the self-service feature to execute the request.

If you are not required to pay District of Columbia taxes and require a Certificate of Clean Hands, a manual request can be requested here.

## I have a MyTax account, where is the Clean Hands feature located?

- Log into your MyTax.DC.gov account
- Under 'I Want To' click on 'Request a Certificate of Clean Hands'. An almost immediate response regarding your Clean Hands status will be returned
- To generate the certificate, select the reason for applying for a certificate from the drop-down button and click 'Submit'
- A confirmation page will display. Click 'OK'
- Navigate to the 'Correspondence' tab to locate the certificate under 'Unread Correspondence'. Your certificate can be viewed, printed and/or saved.

## How does a District agency validate my presented Certificate of Clean Hands?

To validate a certificate, please visit [MyTax.DC.gov](https://mytax.dc.gov/). On the MyTax homepage, click 'Clean Hands' and then the 'Validate a Certificate of Clean Hands' hyperlink. Once there, you must enter the Certificate of Clean Hands Letter ID and last four digits\* of the taxpayer ID, which:

- Confirms the authenticity of the certificate AND
- Provides an updated Clean Hands status (as reflected in the system at the time of the request) on the individual or business. The DOES and OTR system updates daily.

\*All digits except the last four of a Taxpayer ID are masked\*

<https://mytax.dc.gov/>

## Menu Clean Hands

Home

Clean Hands

IP

Clean Hands

Request a Certificate of Clean Hands. If you do not currently have a MyTax account and are not eligible to Clean Hands here.

Validate a Certificate of Clean Hands. Validate the authenticity of a Certificate of Clean Hands and view th

Certificate Search

Home

Clean Hands

Certificate Search

Top of Form



Clean Hands Certificate Search

Please enter the notice number of the certificate and the last 4 digits of the taxpayer's ID in the field

Notice Number

10004000

Last 4 digits of Taxpayer ID

2548

Search

Top of Form

Certificate Search

Home

Clean Hands

Certificate Search

Top of Form



Clean Hands Certificate Search

Please enter the notice number of the certificate and the last 4 digits of the taxpayer's ID in the fields below, then c

Notice Number

10004000

Last 4 digits of Taxpayer ID

2548

Search

Search Result

Issued Date

07-Oct-2025

Issued To

DOH, INC

ⓘ

Current Status

This taxpayer is currently **compliant**.

[Click here to request a current Certificate of Clean Hands for this taxpayer.](#)

Top of Form

Did not request a Certificate of Clean Hands, why is there one in my unread

irresponsibility?  
District agency to which you have previously submitted your Certificate of Clean Hands has  
verified your eligibility and generated an updated certificate on your behalf.





# Clean Hands Certification (Cont..) (not counted in page limit)

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, 2009

Notice Number: L09000000000000000000

SSN: \*\*\*-\*\*-\*\*\*\*  
Case ID: 00000000000000000000

**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 Arenson  
Chief, Collection Division

To validate this certificate, please visit [MyTax.DC.gov](http://MyTax.DC.gov). On the MyTax homepage, click "Clean Hands" and then the "Validate a Certificate of Clean Hands" hyperlink.



# 501(c)(3) Letter (not counted in page limit)

- The applicant must submit the organization's determination or affirmation letter approving and/or confirming the tax-exempt status.

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) (3) (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.

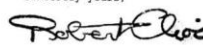
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of 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) 829-3476. Information is also available on our Internet Web Site at [www.irs.gov](http://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)



# Articles of Incorporation & Bylaws (not counted in page limit)

---

- The applicant must submit certification of current/active Articles of Incorporation from the DC Department of Consumer and Regulatory Affairs. Also, the current/active Bylaws must also be submitted.



# IRS W-9 Tax Form (not counted in page limit)

- The applicant must submit a current completed W-9 form prepared for the U.S. Internal Revenue Service (IRS). DBH defines “current” to mean the document was completed within the same calendar year as that of the application date.

**W-9**  
Form  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**  
► Go to [www.irs.gov/FormW9](http://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 returns. Name is required on this line, do not leave this line blank.)

2 Business name/disregarded entity name, if different from above

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.  
☐ Individual/sole proprietor or single-member LLC  
☐ Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) ►  
☐ Other (see instructions) ►  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2).  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

8 Requester's name and address (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 *How to get a TIN*, later.  
**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**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](http://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)



# IRS Tax Exemption Affirmation Letter

## (not counted in page limit)

---

If there is no IRS tax exemption letter because the organization is a religious organization, then the applicant may submit documentation asserting best evidence of its status.

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).



# Current Fiscal Year Budget (not counted in page limit)

---

- The applicant must submit its full budget, including a projected income, for the current fiscal year and comparison of budgeted versus actual income and expenses of the fiscal year to date.



# Financial Statements (not counted in page limit)

---

- If the applicant has undergone an audit or financial review, it must provide the most recent audited financial statements or reviews. If audited financial statements or reviews are not available, the applicant must provide its most recent complete year's unaudited financial statements.



# Separation of Duties Policy (not counted in page limit)

---

The applicant must state how the organization separates financial transactions and duties among people within the organization in order to prevent fraud or waste. This may be a statement that already exists as a formal policy of the organization, or the applicant may create the statement for purposes of the application. 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 (not counted in page limit)

---

- The applicant must submit an official list of the current board of directors on letterhead to include: names and board titles of officers, mailing and e-mail addresses, and phone numbers. The document must be signed by the authorized executive of the applicant organization.



# System for Award Management (SAM) Registration (not counted in page limit)

---

- If a project within this RFA is funded wholly or partially by federal funding sources, applicants must be registered in the System of Award Management at [www.sam.gov](http://www.sam.gov) and provide evidence of this registration as part of the application package.



## **Partner Documents (not counted in page limit)**

---

- If applicable, the applicant must submit the partnering organization's Clean Hands Certificate (from the Office of Tax and Revenue) and documentation of the partner's tax-exempt status.



# **Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation (not counted in page limit)**

---

- The applicant must provide in writing the name of all its insurance carriers and type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, worker's compensation insurance carrier), fidelity bond holder (if applicable), and before execution of the grant award, a copy of the binder or cover sheet of the current policy for any policy that covers activities that might be undertaken in connection with performance of the grant award, showing the limits of coverage and endorsements.
- All policies, except the Worker's Compensation, Errors and Omissions, and Professional Liability policies that cover activities that might be undertaken in connection with the performance of the grant award.
- Please see Insurance section under General Terms and Conditions.



# Helpful Tips

## Please use the RFA Checklist (p. 9)

### CHECKLIST FOR APPLICATIONS

The complete Application Package should include the following:

- ☐ Notice of Eligibility and Experience Requirements (**Attachment A**)
- ☐ Intent to Apply Notification (**Attachment B**)
- ☐ Application Profile (**Attachment C**)
- ☐ Table of Contents
- ☐ Project Abstract (**Attachment C**)
- ☐ 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
- ☐ Organization's Required Documents
  - A. Business License & Certificate of Occupancy
  - B. Clean Hands Certification
  - C. 501(c)(3) Letter
  - D. Articles of Incorporation & Bylaws
  - E. IRS W-9 Tax Form
  - F. IRS Tax Exemption Letter
  - G. Current Fiscal Year Budget
  - H. Financial Statements
  - I. Separation of Duties Policy
  - J. Board of Directors
  - K. System of Award Management (SAM) Registration
  - L. Partner Documents (if applicable)
  - M. 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 State Opioid Response (SOR) Award Funding (Attachment 6)
- ☐ Special Terms of Award Funding (Attachment 7)
- ☐ Tax Certification (Attachment 8)
- ☐ Sub-Grantee Single Audit Certification (Attachment 9)
- ☐ DBH Grant Terms and Conditions (Attachment 10)
- ☐ Documents requiring signature have been signed by an agency head or **AUTHORIZED** Representative of the applicant organization.
- ☐ The application must have a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- ☐ 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 Elements" listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan, logic model, and other 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](mailto:DBH.Grants@dc.gov) by **12:00 p.m. ET** on the deadline of **February 22, 2021**. **Applications will not be accepted late. Applicants are encouraged to submit their applications on February 22, 2021 to allow time for any required troubleshooting.**

## Helpful Tips (Cont..)

---

Use the **Budget & Budget Narrative Form** (Attachment F) to prepare a line-item budget with your proposed costs.

- Budget Period: **DATE**
- Total Budget: **AMOUNT**
- **Include breakdown in detail for Other Direct Cost.**
- If a **Fiscal Agent** is used, **no more than 10%** of the total budget may be used for their fee.
- **10% is the maximum allowable Indirect Cost/Overhead.**
- If you have a **Negotiated Indirect Cost Rate Agreement (NICRA)** with the Federal Government, include a copy with your budget.



## More Helpful Tips

---

Visit the **DBH** website <https://dbh.dc.gov/node/1517471> to download the RFA & Attachments

**Once your application is ready for submission, remember to:**

- **Meet the submission deadline** – February 22, 2021, 12 p.m. ET
- Applications are to be emailed to [DBH.Grants@dc.gov](mailto:DBH.Grants@dc.gov) . Each email must be clearly labeled in the “Subject” with the organization’s name and DBH RFA number.



# Questions

---





# Contact Information

---

## **Julie Wiegandt**

Project Director - SOR

Email: [Julie.Wiegandt@dc.gov](mailto:Julie.Wiegandt@dc.gov)

Phone: 202-680-0389

**PLEASE REMEMBER TO SEND YOUR CONTACT INFO TO ARIELLE BROCK!**

**[Arielle.Brock@dc.gov](mailto:Arielle.Brock@dc.gov)**

