

District of Columbia Department of Behavioral Health (DBH)

Pre-Application Conference



RFA Number: RM0 DOR092520

**RFA Title: District of Columbia Opioid Response (DCOR2)
Grant Opportunities**

Friday, October 2nd, 11:00-11:45



Send us your contact information!

Please email Arielle.Brock@dc.gov with your name, preferred email address, and phone number.



Purpose of the Pre-Application Conference

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

- **Competition #1:** Hospital-Based Peers 10:00-10:45am
- **Competition #2:** Hospital-Based Crisis Stabilization 11:00-11:45am
- **Competition #3:** Peer-Operated Centers 1:00-1:45pm
- **Competition #4:** Peer Recovery Housing 2:00-2:45pm

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 #2

Hospital-Based Crisis Stabilization

Application Deadline:
Monday, October 26,
12:00 P.M. ET



Amount of Funding and Grant Awards (p. 12)

Competition #2 Hospital-Based Crisis Stabilization: This RFA will make available \$317,200 for up to 2 awards over 1 base year with 4 option years. The amount of each award will vary depending on the number of awards that are made.



DCOR Background (p. 12)

- 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 Crisis Stabilization Background (p. 27)

- One important component of LIVE. LONG. DC. and the DCOR initiative is building a robust treatment system, especially for individuals with co-occurring conditions. Specifically, LIVE. LONG. DC. Goal 3, Strategy 3.2, “[c]reate 24-hour intake and crisis intervention sites throughout Washington, DC.” will help to reduce opioid use, misuse, and related deaths by expanding the capacity of the current DBH system of care.
- The purpose of this grant is to support a hospital to develop a crisis stabilization unit for medically stable patients with an OUD who require close observation and stabilization for psychiatric or substance-related disorders.



Eligibility and Experience Requirements (p. 27)

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 #2 – Hospital-Based Crisis Stabilization:

Those applying should meet the following criteria:

- Be a non-profit hospital in the District of Columbia.
- Demonstrated ability to start work within thirty (30) days of award.

Additional experience requirements:

- Experience with managing multiple grants or contracts greater than \$100,000.00.
- Experience managing local (District of Columbia) or federal grants.
- A functioning accounting system that is operated in accordance with generally accepted accounting principles.



Target Population (p. 27)

The target population is adults (age 18 and older) who have come through the ED and have an OUD/STUD and need crisis stabilization services.



Scope of Services (p. 27-28)

Scope of Services

1. Services to be provided under the Hospital-Based Crisis Stabilization initiative include the following:
2. Create a project management plan and timeline, including start-up, implementation, evaluation and sustainability activities;
3. Provide a secure, locked crisis stabilization unit for medically stable patients transferring from the ED who require close observation and stabilization for psychiatric or substance-related disorders;
4. Provide interdisciplinary and clinical behavioral health services to assess and treat patient's individuals' needs;
5. Hire a peer as a staff member of the crisis stabilization team to engage with patients and link them to treatment using established strategies (e.g., the recovery capital model);
6. Provide a safe, secure, and therapeutic environment for patients waiting for inpatient psychiatric hospital beds;
7. Build on and expand ED-initiated MAT services: provide continued observation of patients until they meet opioid withdrawal criteria for safe MAT induction and continue close observation and provision of additional treatment for patients who develop withdrawal symptoms following the first dose of MAT in the ED;
8. Facilitate discharge planning and discharge to a safe environment and linkage with an appropriate level of ambulatory care for patients treated on the unit;
9. Provide clinical crisis stabilization services such as counseling, de-escalation treatment and safety planning; and
10. Provide clinician education in OUD, MAT, and crisis stabilization services.
11. Develop a plan to sustain services beyond this period of grant funding.



Data Collection and Reporting (p. 28)

- Grantees will be required to collect, track, and report information on services provided and individuals served.
- Monthly reporting: Grantee shall report on grant activities on a monthly basis on a form/format prescribed by DBH. Monthly reports will cover: grantee performance (e.g., service delivery data, accomplishments, challenges) and administrative data including:
 - Total number of patients served;
 - Number of patients referred and admitted with MAT induction;
 - Average length of stay of patients in the crisis stabilization unit;
 - Number of encounters with a peer recovery specialist;
 - Number of major unusual incidents (MUI);
 - Number of patients referred to inpatient treatment;
 - Number of patients referred to community MAT provider;
 - Number of patients referred to other providers and type of provider;
 - Number of peers hired; and
 - Number of individuals discharged with naloxone.
- Evaluation: The grantee will also complete an evaluation plan. The evaluation plan may be developed in collaboration with DBH upon award.
- Applicants should also obtain continuous feedback (e.g., patient satisfaction) from the individuals, families and community they serve to ensure that the services offered are aligned with the needs and wants of the community. The applicant must describe the formal process, methods, and frequency (e.g., bi-monthly, paper-based surveys) that they will use to obtain feedback from the individuals, families and community that they intend to serve. Providers are encouraged to be creative and innovative. Engagement of recipients of services in the feedback analysis and action process is encouraged.



Project Narrative – Organizational Capacity(p. 29)

Organizational Capacity

Applicants should include the following information to highlight their experience and capacity to operate hospital-based crisis stabilization in the District:

- Describe relevant experience, and duration of experience in delivering the services proposed under this RFA. Specify experience with patients with OUD/STUD, patients with high acuity, and crisis level services;
- Describe the team who will work on this initiative, including the peer, and who will be responsible for implementation and oversight of all elements of the program;
- Describe training that the program administrators, facility staff, and providers will undergo; and
- Describe the organization's plan to be fully operational within thirty (30) calendar days of the new grant agreement.



Project Narrative – Project Need (p. 29)

Applicants should describe the unmet crisis stabilization needs in the hospital where this program will be housed and the unit where the services will occur.



Project Narrative – Project Description (p. 29)

Applicants should describe:

- Clearly defined measurable goals, objectives and anticipated outcomes;
- A timeline for implementation that clearly defines milestones, inclusive of start-up;
- A timeline for when each service or activity will be implemented if a staggered approach is to be used;
- Location and description of unit including how it will be staffed twenty-four (24) hours a day, seven (7) days a week year round, the populations served and description compliance under the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101) (ADA);
- Mission and vision statement with a description of how the goals and objectives flow from the organization's mission and vision;
- Description of activities and services that will be provided, including other resources that can be leveraged to support the project along with a rationale for the inclusion of each specific service and activity;
- Existing relationships with, and understanding of, community resources;
- Involvement of key partners and the roles they will assume in the implementation of crisis stabilization and referral to community-based treatment. (NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations); and
- Description of any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise.



Project Narrative – Project Evaluation(p. 30)

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 applicant should demonstrate their ability to collect data on the following key outputs/outcomes:

- Total number of patients served;
- Number of patients referred and admitted with MAT induction;
- Average length of stay of patients in the crisis stabilization unit;
- Number of encounters with a peer recovery specialist;
- Number of major unusual incidents (MUI);
- Number of patients referred and linked to inpatient treatment;
- Number of patients referred and linked to community MAT provider;
- Number of patients referred and linked to other providers and type of provider; and
- Number of individuals discharged with naloxone.

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



Budget Narrative (p. 31)

Budget Narrative

Applicants must provide a budget and budget narrative justification of the items included in their proposed budget. Attachment H contains the budget and budget narrative justification form. This form does not count towards the maximum 7 page limit.

1. Personnel – Employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project;
2. Fringe – Components of fringe benefits rate;
3. Consultants/Experts – A contractual arrangement to carry out a portion of the programmatic effort for the acquisition of routine goods or services under the grant. Contractual arrangements with consultants must include the work to be performed, title, rate of pay, hours, and the term(s) of the agreement. Both the consultant and sub-grantee must sign;
4. Travel and Transportation – Costs associated with local travel expenditures for staff or patient/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance);
5. Supplies and Minor Equipment – Materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink cartridges);
6. Patient Cost – Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measureable outcomes (e.g., food costs, gift cards, giveaways, stipends);
7. Communication – Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying;
8. Other Direct Costs – Expenses not covered in any of the previous budget categories; and
9. Indirect Costs – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.



Staffing Plan and Work Plan(p. 31)

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.

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 GPRA data collection should be specified.



Application Scoring (p. 33)

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

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



Evaluation Criteria(p. 34)

Criterion 1: Capacity (45 points)

Applicants should:

- Describe relevant experience, and duration of experience in delivering the services proposed under this RFA. Specify experience with patients with OUD, patients with high acuity, and crisis level services; **(10 points)**;
- Describe the team who will work on this initiative, including the peer, and who will be responsible for implementation and oversight of all elements of the program; **(5 points)**;
- Describe training that the program administrators, facility staff, and providers will undergo **(5 points)**; and
- Describe the organization's plan to be fully operational within thirty (30) calendar days of the new grant agreement **(5 points)**;
- Experience with managing multiple grants or contracts greater than \$100,000.00 **(5 points)**;
- Experience managing local (District of Columbia) or federal grants **(5 points)**;
- At least one year of experience providing services to OUD/STUD clients **(5 points)**; and
- Experience with implementing peer-led programming to OUD/STUD and special populations (e.g., returning citizens, LGBTQ) **(5 points)**.



Evaluation Criteria(p. 34)

Criterion 2: Need (10 points)

Applicants should describe the unmet need for crisis stabilization services in the community.
(10 points)



Evaluation Criteria (p. 34)

Criterion 3 – Strategic Approach (30 points)

Applicants should describe their plan to operate a crisis stabilization unit, including:

- Clearly defined measurable goals, objectives and anticipated outcomes **(5 points)**;
- A timeline for implementation that clearly defines milestones, inclusive of start-up **(3 points)**;
- A timeline for when each service or activity will be implemented if a staggered approach is to be used **(2 points)**;
- Location and description of unit including hours and days/evenings of operation for the populations served and description of ADA compliance **(3 points)**;
- Mission and vision statement with a description of how the goals and objectives flow from the organization's mission and vision **(2 points)**;
- Description of activities and services that will be provided, including other resources that can be leveraged to support the project along with a rationale for the inclusion of each specific service and activity **(5 points)**;
- Existing relationships with, and understanding of, community resources **(2 points)**;
- Involvement of key partners and the roles they will assume in the implementation of crisis stabilization and referral to community-based treatment. (NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations) **(5 points)**; and
- Description of any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise **(3 points)**.



Evaluation Criteria(p. 34-35)

Criterion 4 – Evaluation (10 points)

Applicants should describe the plan to evaluate the project 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. The applicant presented a sound and feasible evaluation plan that meets the goals in this application. **(5 points)**

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

- Total number of patients served;
- Number of patients referred and admitted with MAT induction;
- Average length of stay of patients in the crisis stabilization unit;
- Number of encounters with a peer recovery specialist;
- Number of major unusual incidents (MUI);
- Number of patients referred and linked to inpatient treatment;
- Number of patients referred and linked to community MAT provider;
- Number of patients referred and linked to other providers and type of provider; and
- Number of individuals discharged with naloxone.



Evaluation Criteria (p. 35)

Criterion 5 – Budget and Budget Narrative (Total of 5 Points)

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



Application Requirements

1. Proposal Format and Content
 - Applicant Profile (Attachment B)
 - Table of Contents
 - Narrative
 - Administrative
 - Proposed Work Plan
 - Fiscal and Financial Management
 - Program Reporting
2. Work Plan Template (Attachment G)
3. Budget and Budget Narrative (Attachment H)
4. Requirement Documentation (see RFA page X) including signed Attachments B, C, D, E and F



Application Submission and Deadline (p. 58)

Applications Due: October 26, 2020, 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. Each email must be clearly labeled in the “Subject” with the organization’s name, DBH RFA number, project name, and selected geographic designation.



Additional Documents



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'd

- 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)

A. PERSONNEL					
FEDERAL REQUEST - Personnel Narrative					
Position (1)	Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Total Salary Charge to Award (6)
(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%	\$ -
Federal Request (enter in Section B column 1, line 6a of SF-424A)					\$ 52,765

FEDERAL REQUEST - Justification for Personnel
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.



Project Budget and Justification

The application should include a project budget (see Attachment V) 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.



Project Budget and Justification– Cont'd

- 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		
Attachment G		
I. GRANTEE AND GRANT IDENTIFICATION		
Organization/Applicant Name:		
RFA No.:		
RFA Title:		
II. FUNDING AWARD & ADVANCE		
Total Award: \$	Advance Requested: \$ (Amount allowed is the lesser of the first 30 days or 25% of the award)	Percent of Total Award: () %
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.		
IV. TERMS AND CONDITIONS		
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).



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.



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.



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.



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.



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 .



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.



Applicable Terms and Conditions (p. 79)

1. Funding for an award is contingent on continued funding from the DBH grantor or funding source.
2. The RFA does not commit DBH to make an award.
3. DBH reserves the right to accept or deny any or all applications, if DBH determines it is in the best interest of DBH to do so. DBH shall notify the applicant if it rejects that applicant's proposal.
4. DBH may suspend or terminate any RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DBH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DBH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DBH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended. In addition, DBH may review the fiscal system and programmatic capabilities to ensure that the organization has adequate systems in place to implement the proposed program.
8. DBH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DBH shall provide the citations to the statute and implementing regulations that authorize the grant or sub grant; all applicable federal and District regulations, such as OMB 2 CFR Part 200, 2 CFR 180; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.



Administrative Requirements and Information

Administrative Criteria:

1. The application proposal format conforms to the "Proposal Format and Content" listed in each competition, Section IX.C.1.
2. Documentation is provided as listed in Section IX.C.4.
3. **The application is emailed on 8 1/2 by 11-inch paper, single-spaced, on one side, using 12-point font of Times New Roman with a minimum of one inch margins, with all pages numbered.**
4. Narrative for Section IX.D: Program Narrative must not exceed the following page limits. Note: Attachments and appendices do not count toward the page limit.
5. The Work Plan template, Attachment G, is complete.
6. The Budget and Budget Narrative Justification (Attachment H) is complete and complies with Section IX.E. The line item budget narrative justification describes the categories of items proposed.
7. Attachments A, B, C, D, E and F (Applicant Profile, Certifications and Assurances) are signed.
8. The applicant must submit the required six (6) copies of the proposal in individually sealed envelopes. Of the six (6) copies, one (1) copy should be stamped "original". Two copies of the DBH Receipt Form (Attachment I) should be attached to the outside of the "original" sealed envelope. One copy of the DBH Receipt will stay with DBH and the other copy will be provided to the applicant upon receipt. Unsealed and unidentified applications will not be accepted.
9. Intent to Apply:
 - a. This form is not a requirement for submission to any of the grant competitions.



Insurance (p. 100)

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.
- The Organization shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia or another State if the grant work is performed outside the District of Columbia. The Organization shall carry workers' compensation insurance covering all of its employees on the premises and in connection with its other operations pertaining to this grant.
- All insurance provided by the Organization shall set forth the Government of the District of Columbia as an additional insured. All insurance shall be written with responsible companies licensed by the Government of the District of Columbia (1350 Pennsylvania Avenue, NW, DC 20004). The policies of insurance shall provide for at least thirty (30) days written notice to DBH prior to their termination or material alteration.



Indemnification, Compliance with Tax Obligations and Board of Directors (p. 99)

Indemnification

- The Applicant/ Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

Compliance with Tax Obligations

- Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax requirements as established in the District of Columbia and eligible jurisdiction and with Federal tax laws and regulations.

Board of Directors

- Nonprofit organizations must have a functioning governing authority, which has legal and fiduciary authority over the general operation of an organization. Often referred to as “the board,” it should, among other duties, establish policies and provide grant oversight.



Payments to the Grantee (p. 86)

Upon award, DBH shall provide funding to the sub-grantee according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. Payments to the sub-grantee will be based on a risk assessment conducted by the DBH. Payments may be made as an advance, a cost-reimbursement basis or a combination of both. All payments will be contingent upon compliance with program and financial reporting. DBH reserves the right to withhold any payment if the sub-grantee is found in non-compliance with the DBH Notice of Grant Award, the request for applications and/or the grant agreement.



Helpful Tips

- Please use the **RFA Checklist** (p. 9).
- Make sure to follow all the instructions in the RFA.
- Adhere to Application Requirements
 - Follow “Proposal Format and Content,” p. 57
 - Include Required Documentation, p. 9
 - Attachments A, B, C, D, E, F, G, H and I (Completed and/or Signed)
 - Include Current Business License
 - Number all pages in your application



Helpful Tips

Use the **Budget Justification & Narrative Form** (Attachment H) 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 **Office of Partnerships and Grant Services** website <http://opgs.dc.gov/> to download the RFA & Attachments A-J

- From the Navigation Bar, click on **“Information”**
- From the Drop-down menu, click on **“District Grants Clearinghouse”**
- **Scroll down the chart until you see the RFA:**
RFA Title: District of Columbia Opioid Response (DCOR) Grant Opportunities
- Click on RFA (PDF format)
- Click on **“Attachments”** (Word format)



More Helpful Tips

Once your application is ready for submission, remember to:

- **Meet the submission deadline – October 26, 12 p.m. ET**
- Applications are to be emailed to DBH.Grants@dc.gov. Each email must be clearly labeled in the “Subject” with the organization’s name, DBH RFA number, project name, and selected geographic designation.



Questions



Contact Information

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PLEASE REMEMBER TO SEND YOUR CONTACT INFO TO ARIELLE BROCK!

Arielle.Brock@dc.gov

