

District of Columbia Department of Behavioral Health (DBH)

Pre-Application Conference

RFA No. RM0 OTP033123

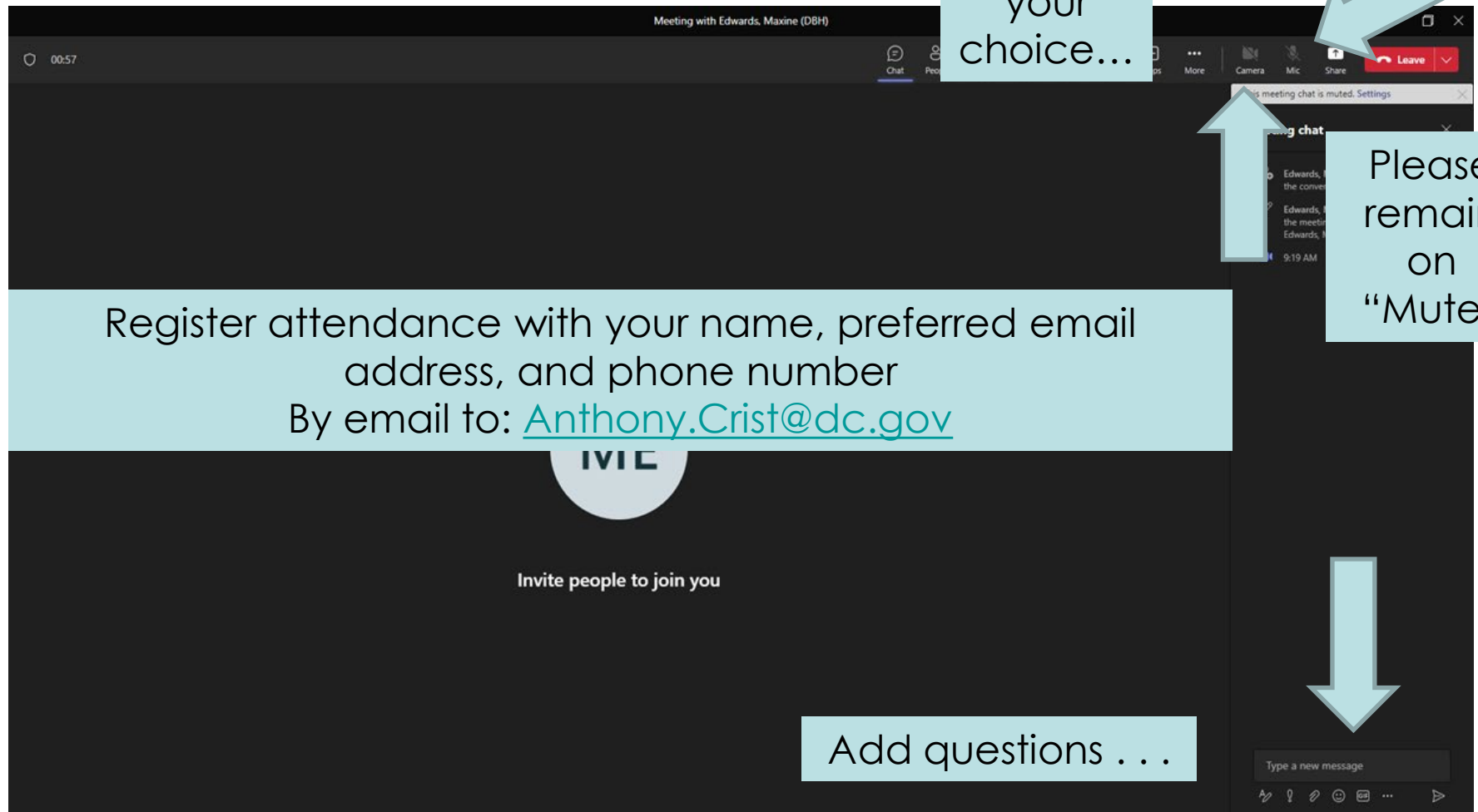


**District of Columbia Opioid Response 3 (DCOR3) Grant Opportunity:
Improving Patient Engagement at Opioid Treatment Programs (OTPs)**

Thursday April 5, 2023 | 10:00 – 12:00PM



Please Note:



The screenshot shows a Zoom meeting window titled "Meeting with Edwards, Maxine (DBH)". The interface includes a top bar with a timer at 00:57, buttons for Chat, People, and Video, and a bottom toolbar with icons for Camera, Mic, Share, and a red "Leave" button. A callout box in the top right corner points to the "Leave" button with the text "Video is your choice...". Another callout box points to the "Mic" icon with the text "Please remain on 'Mute'". A large light blue box in the center contains the text: "Register attendance with your name, preferred email address, and phone number. By email to: Anthony.Crist@dc.gov". Below this, the text "Invite people to join you" is visible. A callout box at the bottom right points to the chat input field with the text "Add questions . . .".

Video is your choice...

Please remain on "Mute"

Register attendance with your name, preferred email address, and phone number
By email to: Anthony.Crist@dc.gov

Invite people to join you

Add questions . . .



Today's Agenda

Welcome

Presenters

- Anthony 'Harrison' Crist, Project Director
- Maxine Edwards, GMO Specialist

General Information

- Overview, Background, and Definitions

Award Information

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

Performance Requirement

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

Application Requirements

- Project Narrative
- Evaluation Criteria

Successful Packaging

- Additional/Fillable Attachments

Helpful Information

- Key Dates, RFA Checklist, Tips and Contact Info

Questions & Answers



Background (p. 11)

- The State Opioid Response Grant is focused on increasing access to MOUD, reducing unmet treatment needs, and reducing opioid overdose-related deaths in the District of Columbia through the provision of prevention, treatment, and RSS to individuals with OUD and STUD. The District is building a model with multiple access points to a coordinated network of treatment and RSS providers that will collaborate around the assessment, stabilization, and ongoing treatment of individuals with OUD and STUD.
- MOUD – buprenorphine, naltrexone, and methadone - are safe, effective, and can help improve patients' health and wellness. These medications have been proven to reduce cravings, returns to use, and overdose. Further, continued treatment enrollment in MOUD is associated with improved health, physical functioning, and quality of life, and reduced rates of mortality and utilization of high-intensity services. However, individuals may face barriers to accessing and continuing in MOUD treatment. A variety of factors may influence patient engagement, including transportation and childcare needs; housing stability; criminal justice involvement; employment status and quality of work environment; close/ongoing relationships with individuals with substance use disorders; sexual orientation, identity, and history; and safety of the home environment. Fragmented systems of care, stigma, and logistical challenges associated with MOUD prescribing may present additional barriers to patient engagement with MOUD.

Purpose (pg. 12)

- This competition will address LLDC 2.0 Treatment Strategy TR.2, "Integrate physical and behavioral health treatment and programming to deliver whole-person care and improve well-being" and Treatment Strategy TR.8, "Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/OD.""
- The purpose of this initiative is to implement strategies that reduce barriers to accessing treatment for prospective patients with OUD or STUD, re-engage patients who have unexpectedly or prematurely discontinued their treatment, support current patients to promote retention, and provide whole-person care. By addressing patients' connection to care, this grant effort will seek to further reduce behavioral health disparities within underserved communities and improve access to behavioral health care services.
- Grant funding is to support initiative start-up costs and other services that are not Medicaid-billable. This funding cannot be used to support any service provision that can be paid for by Medicaid.



Amount of Funding and Grant Awards (p. 10)

AWARD INFORMATION

Source of Grant Funding

Funding is made available from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, State Opioid Response (SOR) 3 grant program.

Award Funding Available

This RFA will make available \$150,000 for up to three (3) awards. Each base year grant budget should not exceed \$50,000.

Performance and Funding Period

The anticipated performance and funding period is June 01, 2023 to September 29, 2023.

Subsequent to the first 4-month budget period, funding may be awarded for up to 4 full option years, and may have up to \$100,000 available per award.

The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and the recipient performance.



Eligibility Requirements (p. 11)

Eligibility Criteria (pg. 11)

Eligible entities who can apply for grant funds under this RFA are Opioid Treatment Programs (OTPs) certified and accredited according to 42 CFR 8, that are physically located and currently operating in the District of Columbia. Eligible applicants must also have the 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).

Experience Criteria (pg. 12)

Applicants must meet the following criteria:

1. Demonstrated ability to submit timely programmatic, fiscal, and data reports as designated by grant agreements or other funding sources;
2. At least two (2) years' experience as a certified and accredited OTP operating in the District of Columbia;
3. Demonstrated knowledge of the District's publicly-funded behavioral health system, including regulations and financing; and,
4. Demonstrated ability to start work within thirty (30) calendar days of award.



Target Population (p. 12)

The target population is individuals in the District of Columbia with opioid use disorder who are enrolled in an OTP.



Scope of Services (p. 13)

Services to be provided include the following:

1. Implement programming to promote patient access, engagement, and/or retention. Strategies and interventions may include, but are not limited to:
 - a) Contingency management in a format that is compliant with current local and Federal regulations;
 - b) Coordination with other behavioral and physical health system partners;
 - c) Employment training or financial training for patients;
 - d) Expanded clinic hours;
 - e) Facilitation of virtual communication or telehealth visits;
 - f) Family/social network engagement;
 - g) Health and wellness programming;
 - h) Mobile services (including screening, assessment, and induction onto medication);
 - i) Peer engagement;
 - j) Provision of bilingual/culturally responsive services;
 - k) Provision of child care;
 - l) Targeted or expanded outreach; and/or
 - m) Team-based/multi-disciplinary approaches to treatment engagement and delivery.
2. Track recipients of services and record relevant outcomes.
3. Engage in continual quality improvement.
4. Develop a sustainability plan that includes a description of how these grant funds will support start-up costs and facilitate the provision of Medicaid-billable services.



Data Collection and Reporting (p. 13)

Grantees will be required to collect, track, and report information on all grant activities, services provided, and individuals served.

A. Monthly Reporting: Grantee shall report on grant activities on a monthly basis in a form/format prescribed by DBH. Grantees must provide a monthly narrative report that includes the following:

- 1) Implementation progress to date;
- 2) Discussion of any challenges to service delivery, including plans for addressing them;
- 3) Any change in personnel supported by the grant in this service program;
- 4) A thorough description of any waitlist for the service program, including the number of clients on the waitlist, the average length of time for clients on the waitlist and the longest period for any client currently on the waitlist;
- 5) A discussion of the reasons for any significant under- or over-expenditure of funds budgeted relative to expected expenditure to date for any line item in the budget, along with a plan to address the under- or over-expenditure;
- 6) Progress towards implementation of any corrective action plan that is open;
- 7) A summary of quality assurance measures conducted on the delivery of services;
- 8) Current contact information for each staff person supported by this agreement, including name, title, mailing address, email address and telephone number; and
- 9) Request for technical assistance, if any.



Data Collection and Reporting (p. 13)

Grantees will be required to collect, track, and report information monthly on services provided and individuals served, including, but not limited to the following data points:

- 1) Number of individuals engaged through grant-funded programs.
- 2) Number of individuals with interruption of OTP treatment services.
- 3) Number of individuals with interruption of services targeted for re-engagement.
- 4) Percent of individuals with interruption of services successfully re-engaged:
 - a. Percent of individuals engaged in treatment for at least 90 days.
 - b. Percent of individuals engaged in counseling for at least 90 days.
 - c. Percent of individuals engaged in recovery support services for at least 90 days.



Data Collection and Reporting (p. 14)

- B. Government Performance Results Act Data (GPRA) Collection:** Grantee will collect GPRA data for all clients enrolled in SOR-funded services. GPRA will be collected at three stages of program involvement: Baseline/intake, follow up, and discharge.
- 1) **Baseline:** A baseline GPRA will be collected as soon as possible, after the client is officially enrolled in the program. The baseline GPRA interview should be conducted no later than three days after enrollment in residential programs and four days after enrollment in outpatient programs. Clients who participate in drop-in or outreach services do not need to participate in GPRA interviews and will not count toward an organization's GPRA goals.
 - 2) **Follow Up:** A follow-up GPRA interview should be conducted within the follow-up window (see below). Efforts should be made to complete all follow-up interviews; however, the minimum expectation is 80% of program enrollment.
 - 3) **Discharge:** A discharge GPRA should be completed for clients no longer participating in services; however, it is not required for clients discharged less than or equal to seven calendar days from the GPRA intake/baseline interview. A face-to-face GPRA discharge interview is not required.

Data Collection and Reporting (p. 15)

GPRA Submission Deadline: All GPRA interviews must be submitted within five days of the interview date.

GPRA Communication: The SOR Data Coordinator will provide monthly notifications to providers regarding GPRA submissions (including intakes, follow-up, and discharge data). Providers must review this information monthly and notify the Data Coordinator of discrepancies within five business days of each notification.

- C. Annual Reporting:** On an annual basis, the grantee will be expected to provide summary data on the metrics listed above under programmatic reporting.
- D. Evaluation:** The grantee will also complete an evaluation plan. The evaluation plan may be developed in collaboration with DBH upon award.



Data Collection and Tracking (p. 15)

- A. Grantee will identify a point of contact for all reporting matters pertaining to the project.
- B. Grantee will designate a staff member responsible for GPRA data collection (obtaining GPRA intake goals and compliance with follow-up expectations).
- C. Grantees must be able to track the cost of services provided and reimbursement requests.



Project Narrative – Organizational Capacity (p. 15)

A. Organizational Capacity

Applicants should include the following information to highlight their experience and capacity:

1. Describe the mission and structure of the organization, and scope of current activities;
2. Describe relevant experience in providing OUD treatment for individuals;
3. Describe the staff who will work on this initiative, including staff responsible for GPRA compliance, and anyone who will be hired to run or provide oversight of the initiative;
4. Describe the record management systems in place to track patients and their outcomes;
5. Describe any past involvement in District-funded efforts or initiatives to provide care for the target population.



Project Narrative – Project Need (p. 15)

B. Project Need

Applicants should describe the need to implement strategies that reduce barriers to accessing treatment for prospective OTP patients, re-engage patients who have unexpectedly or prematurely discontinued their treatment, support current patients to promote retention, and provide whole-person care. Applicants should describe needs specific to the District of Columbia and cite data accordingly.



Project Narrative – Project Description (p. 15)

C. Project Description

Applicants should describe:

- 1) The interventions or strategies that the applicant plans to implement and how those interventions correspond to improving access, retention, and re-engagement.
 - a. If pursuing contingency management (CM), describe the type of CM model and incentives offered, an explanation of the health outcome or target behavior, and a plan for monitoring its implementation.
- 2) Existing or planned relationships with any partners that will help deliver the services outlined in this RFA (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 startup;
- 4) Clearly explain how proposed interventions or strategies expand resources, capacity, or practice beyond current clinic procedures and operations.
- 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 Evaluation (p. 16)

D. Project Evaluation

The applicant must include clearly defined measurable goals, objectives, and anticipated outcomes for the grant period and the tracking system that will be used to manage quantitative and qualitative outcomes.

The applicant must also present a sound and feasible evaluation plan to assess outcomes and ensure consistency across all measures. This section should include proposed targets for the following data measures, at minimum:

- 1) Number of individuals engaged through grant-funded programs
- 2) Number of individuals with interruption of OTP treatment services
- 3) Number of individuals with interruption of services targeted for re-engagement
- 4) Percent of individuals with interruption of services successfully re-engaged
 - a. Percent of individuals engaged in treatment for at least 90 days.
 - b. Percent of individuals engaged in counseling for at least 90 days.
 - c. Percent of individuals engaged in recovery support services for at least 90 days.



Project Narrative – Project Evaluation (p. 16)

GPRA Collection/Project Evaluation

The applicant must also describe a plan to obtain 80% compliance rate for follow-up GPRA's. The plan should include:

- 1) The steps that will be taken to conduct follow-up interviews (including a timeline).
- 2) Projected difficulties in meeting GPRA-related expectations.
- 3) A plan to address the difficulties outlined above, with a focus on follow-up interviews.

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



Project Attachments – Project Abstract (p. 16)

Project Abstract (up to 1 page)

A one-page project abstract is required (see Attachment B). Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be written on 8 ½ by 11 inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type (10 point font for tables and figures) with a minimum of one inch margins, limited to one page in length, and include the following sections (no template provided):

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



Application Scoring (p. 22)

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

- Criterion 1 – Capacity (Total of 15 Points)
- Criterion 2 – Need (Total of 10 Points)
- Criterion 3 – Strategic Approach (Total of 40 Points)
- Criterion 4 – Evaluation (Total of 25 Points)
- Criterion 5 – Project Budget and Justification (Total of 10 Points)



Application Scoring (cont.,)

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

Criterion 1: Capacity (Corresponds to Organizational Capacity Section) – 15 points

The discussion should:

1. Describes the mission and structure of the organization, and scope of current activities (2 points)
2. Describes relevant experience in providing OUD treatment for individuals (4 points)
3. Describes the staff who will work on this initiative, including GPRA compliance, and anyone who will be hired to run or provide oversight of the initiative (6 points)
4. Describes the record management systems in place to track patients and their outcomes (2 points)
5. Describes any past involvement in District-funded efforts or initiatives to provide care for the target population (1 points)

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

1. Describes the need to implement strategies that reduce barriers to accessing treatment for prospective OTP patients, re-engage patients who have unexpectedly or prematurely discontinued their treatment, support current patients to promote retention, and provide whole-person care (5 points)
2. Describe needs specific to the District of Columbia and cites data accordingly (5 points)



Application Scoring (cont.,)

Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 40 points

1. Describes the interventions or strategies that the applicant plans to implement (if pursuing contingency management [CM], describes the type of CM model and incentives offered, an explanation of the health outcome or target behavior, and a plan for monitoring its implementation)
 - a) Describes interventions or strategies that correspond to 1 out of 3 grant purposes (i.e. access, retention, or re-engagement) (12 points)
 - b) Describes interventions or strategies that correspond to 2 out of 3 grant purposes (i.e. access, retention, or re-engagement) (6 points)
 - c) Describes interventions or strategies that correspond to 3 out of 3 grant purposes (i.e. access, retention, and re-engagement) (3 points)
2. Describes existing or planned relationships with any partners that will help deliver the services outlined in this RFA (NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations) (2 points)
3. Includes a timeline for implementation that clearly defines milestones, inclusive of startup (5 points)
4. Explains how proposed interventions expand resources, capacity, or practice beyond current clinic procedures and operations (5 points)
5. Describes any potential challenges and contingency plans for addressing concerns related to circumstances that may arise (2 points)
6. Describes the organization's plan to be fully operational within thirty (30) calendar days of the new grant agreement (5 points)



Application Scoring (cont.,)

Criterion 4: Evaluation (Corresponds to Project Evaluation Section) – 25 points

1. Defines measurable goals, objectives, and anticipated outcomes (4 points)
2. Describes the tracking system to manage outcomes (4 points)
3. Presents a sound and feasible evaluation plan to assess outcomes (4 points)
4. Includes proposed targets for the following data measures
 - a) Number of individuals engaged through grant-funded programs (1 point)
 - b) Number of individuals with interruption of OTP treatment services (1 point)
 - c) Number of individuals with interruption of services targeted for re-engagement (1 point)
 - d) Percent of individuals with interruption of services successfully re-engaged (1 point)
 - i. Percent of individuals engaged in treatment for at least 90 days.
 - ii. Percent of individuals engaged in counseling for at least 90 days.
 - iii. Percent of individuals engaged in recovery support services for at least 90 days.
5. Describes the plan to obtain 80% compliance rate for follow-up GPRAs. The plan should include:
 - a) The steps that will be taken to conduct follow-up interviews (including a timeline) (3 points)
 - b) Projected difficulties in meeting GPRA-related expectations. (3 points)
 - c) A plan to address the difficulties outlined above, with a focus on follow-up interviews (3 points)



Application Scoring (cont.,)

Criterion 5: Project Budget and Justification – 10 points

1. Budget costs are allowable (5 points)
2. Budget costs are reasonable and allocable to proposed activities (5 points)



RESTRICTIONS

Per the terms of the grant award, receipt of funds is contingent upon the following terms:

- 1) SOR 3 funds shall be used to fund services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.
- 2) SOR 3 funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, e.g., HHS (CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, 3rd party insurance, and sliding scale selfpay among others.
- 3) SOR 3 funds for treatment and recovery support services shall only be utilized to provide services to individuals with a diagnosis of an OUD and/or STUD or to individuals with a demonstrated history of opioid and/or stimulant overdose problems.
- 4) Sub-grantees are expected to report data as required in the Funding Opportunity Announcement and to fully participate in any SAMHSA-sponsored evaluation of this program. All required Government and Performance Results Act (GPRA) data for each client served must be provided to DBH within SAMHSA-specified timelines. The submission of these data is a requirement of funding and continued funding.



RESTRICTIONS

- 5) Sub-grantees are required to make use of the SAMHSA-funded Opioid Technical Assistance/Training (TA/T) resources to assist in providing training and technical assistance on evidence-based practices to healthcare providers in your state who will render services to treat OUD in individuals seeking treatment and recovery services. Although workforce development is an allowable use of grant funds, SAMHSA expects that priority will be given to service provision and prevention activities. Recipients will be expected to utilize the training and education resources which SAMHSA provides at no cost to the grant.
- 6) Sub-grantees are required to track funding of activities by providers and be prepared to submit these data to DBH upon request.
- 7) Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.



RESTRICTIONS

- 8) Grant funds may not be used to pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- 9) Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- 10) Grant funds may not be used to provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- 11) Grant funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- 12) Pantry items are allowable for communal style, recovery house settings. Items must be within house and proportionately charged by residents in the house setting. Grant funds may not be used for externally prepared meals (i.e. take-out orders, in-restaurant dining.)

Successful Packaging



Proposal Format and Content

1. Notice of Eligibility and Experience Requirements (Attachment A) (Fillable-Word)
2. Applicant Profile & Abstract (Attachment C) (Fillable-Word)
3. Table of Contents
4. Narrative
 - a. Administrative
 - b. Proposed Work Plan
 - c. Fiscal and Financial Management
 - d. Program Reporting
5. Work Plan Template (Attachment D) (Fillable-PDF)
6. Staffing Plan (Attachment E) (Fillable-PDF)
7. Budget and Budget Justification (Attachment F) (Fillable-Excel)
8. Required Documentation (see RFA pages 19 - 21)
9. Signed Attachments 2 – 10 (Fillable-PDF)

Work Plan (Attachment D)

The work plan template (see **Attachment D**) provided by DBH is required.

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

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

ATTACHMENT D - WORK PLAN

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

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

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

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

Staffing Plan (Attachment E)

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

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

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Open Create

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

ATTACHMENT E - STAFFING PLAN

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

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

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

FY23 DBH Project Budget and Justification Worksheets V4.3 - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW DEVELOPER ACROBAT

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! SECURITY WARNING: Content may be blocked. Enable Content

H180

1 Provide the total proposed project period and funding as follows:
This form is used to apply to DBH grant programs, as it explains how costs were estimated and justifies the need for the cost. This narrative includes descriptive tables for clarification purposes. Applicants must submit budgets based upon the total estimated costs for the project including all known funding sources. Applicants should also refer to 2 CFR § 200, (Uniform Administrative Requirements, Subpart E - Cost Principles, and Audit Requirements for Federal Awards), and 45 CFR § 75 (Administrative Requirements & Cost Principles) cited within these instructions.

2

3 Funding Source: RMQ Project Title:

4 Proposed Project Period: Start Date: End Date: Organization:

5 A. PERSONNEL (SALARY AND WAGES) 2 CFR §200.430(b) 45 CFR §75.400

6 DESCRIPTION - A. PERSONNEL (SALARY AND WAGES) CALCULATION

Position	Name	Key Staff	Salary	% Level of Effort (LOE)	Total Salary Cost	Requested Advance	In-Kind Salary Total
9		Choose...			\$ -		\$ -
10		Choose...			\$ -		\$ -
11		Choose...			\$ -		\$ -
12		Choose...			\$ -		\$ -
13		Choose...			\$ -		\$ -
14		Choose...			\$ -		\$ -
15		Choose...			\$ -		\$ -
16		Choose...			\$ -		\$ -
17		Choose...			\$ -		\$ -
18		Choose...			\$ -		\$ -

20 A justification must be provided for each item listed in any category. REQUEST \$ - \$ - \$

21

22 JUSTIFICATION - A. PERSONNEL (SALARY AND WAGES)

Page 1

Budget and Justification Extra Space As Needed Fiscal Worksheet

Project Budget and Justification

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

- i. **Personnel:** Include the title of the position, name (or indicate vacancy), annual salary and level of effort (percentage of time) dedicated to this project.
- ii. **Fringe:** Provide the position, name (or indicate vacancy), total fringe benefit rate used.
- iii. **Travel:** Only local travel related to OTP and for the project staff will be approved in the grant budget. Provide purpose, destination, and type of travel.
- iv. **Equipment:** Provide the item, quantity, amount, and percent charged to the grant.
- v. **Supplies:** Include the items being requested and rate. Description should also include how the supplies directly support the project.
- vi. **Contractual:** Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate.
- vii. **Other Direct Costs:** List any costs not included in any of the other cost categories.
- viii. **Indirect Costs:** Indirect Costs may not exceed the 5% funding limitation cap for administrative costs/indirect costs per FY2022 State Opioid Response Grants, Notice of Funding Opportunity No. TI-22-005. This applies even if the sub awardee(s) or contractors has an established Federal/State/Other approved IDC rate, per January 11, 2023 Notice of Award, 6H79TI085728-01M002 to the Department of Behavioral Health.
- ix. **Program Income:** If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.



Advance Payment Form (Attachment G)

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

File Edit View Window Help

Open Create

Tools Fill & Sign Comment

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

Highlight Existing Fields

Department of Behavioral Health
ADVANCE PAYMENT REQUEST FORM

I. GRANTEE AND GRANT IDENTIFICATION

Organization/Applicant Name:

RFA No.:

RFA Title:

II. FUNDING AWARD & ADVANCE

Total Award: \$ <input type="text"/>	Advance Requested: \$ <input type="text"/> (Cannot exceed 90 days of the total award)	Percent of Total Award: (<input type="text"/>)%
---	---	--

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.

Letters of Agreement

SAMPLE LETTER OF AGREEMENT

Date

Speaker's Name
Address
City, State Zip

Dear Speaker's Name:

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

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

President's Signature

Date

Student Organization Name

Speakers Signature

Date

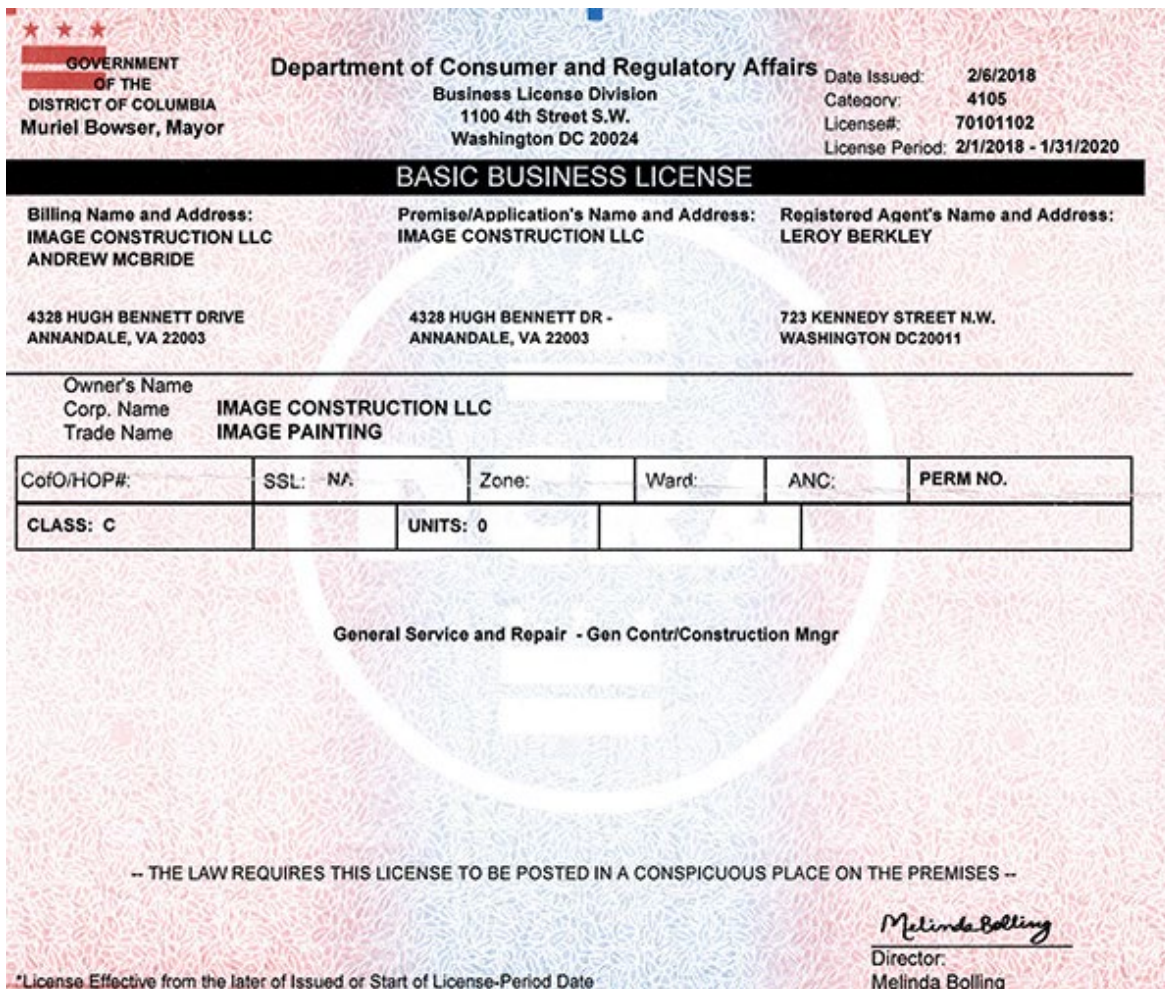
Speaker's Social Security Number

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

(No Template Provided)



Business License



GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Muriel Bowser, Mayor

Department of Consumer and Regulatory Affairs
 Business License Division
 1100 4th Street S.W.
 Washington DC 20024

Date Issued: 2/6/2018
 Category: 4105
 License#: 70101102
 License Period: 2/1/2018 - 1/31/2020

BASIC BUSINESS LICENSE

Billing Name and Address:
 IMAGE CONSTRUCTION LLC
 ANDREW MCBRIDE
 4328 HUGH BENNETT DRIVE
 ANNANDALE, VA 22003

Premise/Application's Name and Address:
 IMAGE CONSTRUCTION LLC
 4328 HUGH BENNETT DR -
 ANNANDALE, VA 22003

Registered Agent's Name and Address:
 LEROY BERKLEY
 723 KENNEDY STREET N.W.
 WASHINGTON DC 20011

Owner's Name
 Corp. Name IMAGE CONSTRUCTION LLC
 Trade Name IMAGE PAINTING

CofO/HOP#:	SSL: NA	Zone:	Ward:	ANC:	PERM NO.
CLASS: C		UNITS: 0			

General Service and Repair - Gen Contr/Construction Mngr

-- THE LAW REQUIRES THIS LICENSE TO BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES --

Melinda Bolling
 Director:
 Melinda Bolling

*License Effective from the later of Issued or Start of License-Period Date

Clean Hands Certification

☆☆☆ Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue 1100 4th Street, SW
Washington, DC 20024


Date of Notice: February 12, 2020 Notice Number: L00000000000000000000

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 Aronin
Chief, Collection Division

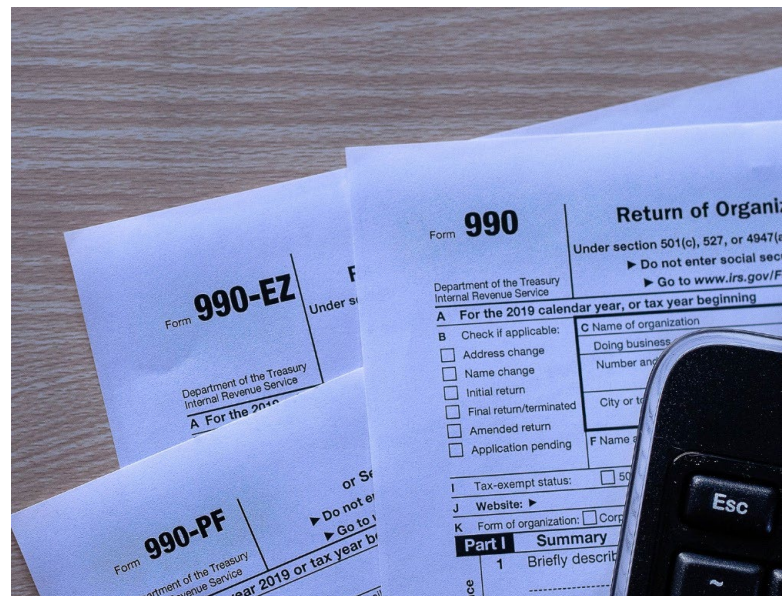
To validate this certificate, please visit MyTax.DC.gov. On the MyTax homepage, click "Clean Hands" and then the "Validate a Certificate of Clean Hands" hyperlink.

Self-Certification and Certificates of Good Standing will not be accepted.



IRS 990 Form (Non-Profits Only)

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



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

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



IRS

Department of the Treasury
Internal Revenue Service

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

DEPARTMENT OF THE TREASURY

Date: JUL 17 2009

Employer Identification Number:
33-0769905

DLN:
17053178717029

Contact Person: FAITH E CUMMINS ID# 31534

Contact Telephone Number:
(877) 829-5500

Public Charity Status:
170(b)(1)(A)(vi)

SAN DIEGO POLICE HISTORICAL
ASSOCIATION
1401 BROADWAY ST STE MS734
SAN DIEGO, CA 92101-5710

Dear Applicant:

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

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

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

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

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



RELIGIOUS ORGANIZATIONS

Best Evidence of IRS Tax Exemption Examples:

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



Audited Financial Statements

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

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



Separation of Duties Policy

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

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



Board of Directors



(No Template Provided)

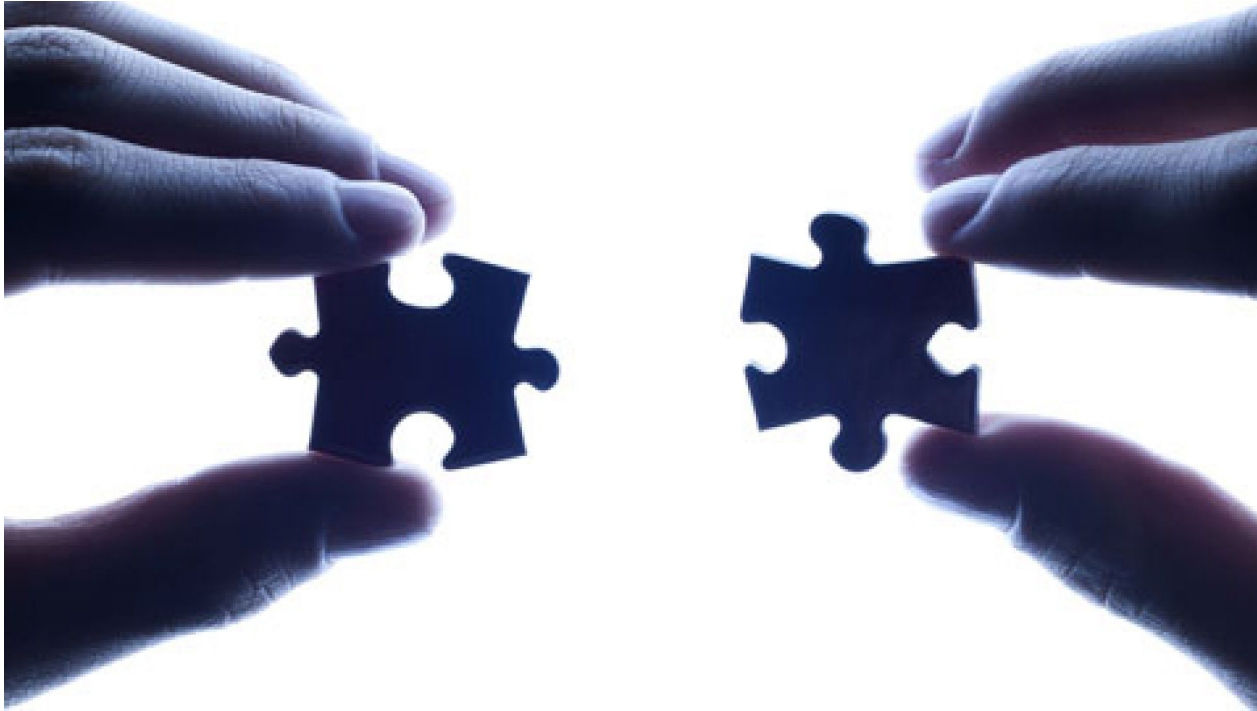
System for Award Management (SAM) Registration (Unique Entity ID)



Visit www.sam.gov for more information.



Partner Documents



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

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

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



Fillable Attachments 2 – 10 (pgs. 74 -91)

2. Assurances, Certifications and Disclosures, pg. 74
3. Program Income and Financial Disclosure, pg. 79
4. DC Contribution and Solicitation Certification, pg. 81
5. Federal Assurances and Certifications, pg. 82
6. Special Terms of Award Funding, pg. 87
7. Tax Certification, pg. 88
8. Sub-Grantee Single Audit Certification, pg. 89
9. DBH Grant Terms and Conditions, pg. 90
10. Special Terms of State Opioid Response Funding, pg. 91



CHECKLIST FOR RFA APPLICATION (p. 8-9)

CHECKLIST FOR RFA APPLICATION

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

- ☐ Documents requiring signature have been signed by the agency head or **AUTHORIZED** Representative of the applicant's organization.
- ☐ The application must have a UEI number to be awarded funds. Go to SAM.gov to apply for and obtain a UEI # if needed. (<https://sam.gov/content/home>)
- ☐ The Project Narrative is typed using the following formats: 8-1/2 by 11-inch paper, 1.0 spaced, Arial or Times New Roman font 12-point type (10-point font for tables and figures), and a minimum of one-inch margins. **Applications that do not conform to these requirements will not be forwarded to the review panel.**
- ☐ The application proposal format conforms to the "Application Requirements" listed in the RFA.
- ☐ The proposed budget is complete and complies with the allowable items provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan, staffing plan, and any other requested attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via email to DBH Grants, DBH.Grants@dc.gov by **12:00 PM ET** on the deadline of **Monday, May 01, 2023. Applications will not be accepted late. Applicants are encouraged to submit their applications 24 hours prior to the deadline for any necessary electronic/technical troubleshooting.**

A complete DBH RFA Application Package shall **include** the following:

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

- ☐ Proof of Insurance for Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation.
- ☐ General Terms and Conditions (Attachment 1)
- ☐ Assurances, Certifications, & Disclosures (Attachment 2)
- ☐ Program Income and Financial Disclosure (Attachment 3)
- ☐ DC Contribution and Solicitation Certification (Attachment 4)
- ☐ Federal Assurances and Certifications (Attachment 5)
- ☐ Special Terms of Award Funding (Attachment 6)
- ☐ DC Tax Certification (Attachment 7)
- ☐ Sub-Grantee Single Audit Certification (Attachment 8)
- ☐ DBH Grant Terms and Conditions (Attachment 9)
- ☐ Special Terms of State Opioid Response Funding (Attachment 10)

Application Submission and Deadline (p. 25)

Applications Due: Monday, May 1, 2023, and must be submitted no later than 12:00 P.M. ET

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

- File #1 – (**Attachments A & C**) Notice of Eligibility and Experience Requirements, Applicant Profile, Abstract, Table of Contents, and Project Narrative.
- File #2 – (**Attachments D-F**) Work Plan, Staffing Plan, and Budget & Budget Justification.
- File #3 – Letters of Agreement, Partner Documents, Business License, Active UEI Number, Certificate of Clean Hands, IRS Tax Exemption Letter, IRS W-9 Form, and IRS 990 Form.
- File #4 – Audited Financial Statements, Separation of Duties Policy, and Board of Directors.
- File #5 – (**Attachment G & Attachments 2 -10**) Advance Payment Request Form* (if applicable), Attachment 2*, Attachment 3*, Attachment 4*, Attachment 5*, Attachment 6*, Attachment 7*, Attachment 8*, Attachment 9*, and Attachment 10*.

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



Review and Scoring (p. 25)

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

EMAIL TIME STAMP: 8:29 PM

NUMBER OF FILES RECEIVED: 1 PDF FILE

EMAIL RECEIVED ON THIS DATE: 02/02/2023

RECEIVED BY: Maxine R. Edwards

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



Remember!

- ☐ **Read the entire RFA, including the attachments!**
- ☐ **The last opportunity to submit questions is Friday April 21, 2023, one week prior to the RFA's closing.**
(When emailing questions please copy DBH.Grants@dc.gov)
- ☐ **Before submitting, review the Checklist found on pages 8-9 and the Submission Requirements found on pg. 24.**
- ☐ **Have a second reader to review your application before submitting.**
- ☐ **Don't wait until the last minute to submit!**



Remember!

- ☐ RFA and Attachments can be found on either the Mayor's Office of Community Affairs or Department of Behavioral Health websites:
<https://communityaffairs.dc.gov/content/community-grant-program#4>
<https://dbh.dc.gov/page/request-applications-01>
- ☐ Complete and sign attachments as requested.
- ☐ Email subject line should include RFA # and File #.
- ☐ Applications are to be emailed to DBH.Grants@dc.gov
- ☐ Meet the submission deadline by **Monday May 01, 2023 at 12:00PM**

Upcoming Key Dates

FAQ Submission Deadline:

Friday April 21, 2023

Application Submission Deadline:

**Monday, May 01, 2023,
by 12:00 PM ET**

Anticipated Award Start Date:

Thursday, June 01, 2023



Program Contact Information

Harrison Crist

Project Director

202-809-0489

anthony.crist@dc.gov

Tywana Reed

Fiscal Management Office

(202) 673-3532

tywana.reed@dc.gov

Renee Evans Jackman

Grants Management Office

(202) 673-3536

renee.evans@dc.gov



Chat Questions

