

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

Pre-Application Conference



Monday, January 31, 2022 | 10:00 a.m. - 12:00 p.m.



District of Columbia Department of Behavioral Health

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

Pre-Application Conference



RFA Number: RM0 SBH012122
**RFA Title: School-Based Behavioral Health Services
Comprehensive Expansion (Cohort 4)**



District of Columbia Department of Behavioral Health

Today's Agenda

- I. Welcome Introduction
- II. Meeting Guidance/Housekeeping
- III. Project Overview:
 - a) Brief History
 - b) Current State
- IV. FY22 RFA Overview:
 - a) Evaluation Criteria,
 - b) Application Process,
 - c) Review, &
 - d) Award
- V. Q&A



Please Note:

The screenshot shows a Cisco Webex Meetings window. The top menu bar includes 'File', 'Edit', 'Share', 'View', 'Audio & Video', 'Participant', 'Meeting', 'Breakout Sessions', and 'Help'. The main display area shows the name 'MAXINE EDWARDS' and the role 'Host, me'. On the right side, there are panels for 'Chat' and 'Q & A'. At the bottom, there is a toolbar with buttons for 'Unmute', 'Start video', 'Share', 'Record', and others. Annotations with arrows point to specific features: 'Register attendance...' points to the top left; 'Add questions ...' points to the 'Q & A' panel; 'Video is your choice...' points to the 'Start video' button; and 'Please remain on "Mute"' points to the 'Unmute' button.

Register attendance...

Add questions ...

MAXINE EDWARDS
Host, me

Video is your choice...

Please remain on "Mute"

Unmute Start video Share Record

Chat Q & A



RFA SBH012122 DETAILS

TITLE: School-Based Behavioral Health Services Comprehensive Expansion
(Cohort 4)

RELEASE DATE: Friday, January 21, 2022

SUBMISSION DEADLINE: Friday, February 18, 2022, 12:00 P.M. ET



Background (p. 11)

- ☐ The services of a school-based behavioral health program offer a layered multi-tiered array of services that provide a foundation of services for all students, focused interventions for some students at high risk for behavioral health problems; and intensive services for the few that require that level of service and support.
- ☐ School behavioral health programs support the focus on reducing the barriers to learning.
- ☐ Although there is nationally a growing and unmet need for mental health services for children and youth, of those who receive help, nearly two-thirds do so only at school.



Overview (p. 2)

- ❑ The Department of Behavioral Health (DBH) is soliciting applications of Community Based Organizations (CBOs) within the behavioral health sector to provide school-based behavioral health services in District of Columbia Public Schools (DCPS) and District of Columbia Public Charter Schools (DCPCS).
- ❑ A CBO may apply to provide services based on its projected capacity to hire and place full-time clinicians in school placements.
- ❑ A CBO shall be responsible for the implementation of services within the Comprehensive School Behavioral Health model.
- ❑ The remaining number of unmatched available Cohort 4 schools was 36 at the time of the RFA posting, and is now 34. The number may decrease based on the ongoing matching of existing CBO partners.
- ❑ Funding will support the non-billable services provided to those Cohort schools.



Target Population (p. 15)

Target Population

The target populations are early childhood through adult students in grades Pre-Kindergarten through 12th, attending District of Columbia Public or Public Charter Schools.

Location of Services

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



Amount of Funding and Grant Awards (p. 10)

Source of Grant Funding

Funding is made available under the District of Columbia Fiscal Year 2022 (FY22) Budget Support Act of 2022.

Award Funding Available

This RFA will make available \$70,333.67 per matched school to fund prospective CBOs to expand into new Cohort 4 expansion schools. The ceiling amount of the awards varies based on number of available schools for matching from April 01, 2022 – September 30, 2022. CBOs are eligible to have no more than 25 schools in their portfolio for the entirety of their grant award.



Currently Unmatched Available Schools

AppleTree Early Learning Center PCS-Columbia Heights	Lee Montessori PCS - Brookland
AppleTree Early Learning Center PCS – Douglas Knoll	Lee Montessori PCS – East End
AppleTree Early Learning Center PCS – Lincoln Park	Maya Angelou Academy at the DC Jail
AppleTree Early Learning Center PCS – Oklahoma Avenue	Maya Angelou Academy at New Beginnings (formerly Oak Hill) (DYRS)
AppleTree Early Learning Center PCS – Parklands at THEARC	Maya Angelou PCS – Young Adult Learning Center
AppleTree Early Learning Center PCS - Southwest	Maya Angelou Academy @ Youth Services Center (DYRS)
Carlos Rosario International PCS	Rocketship PCS – Infinity Community Prep
Center City PCS - Brightwood	Shining Stars Montessori Academy PCS
Center City PCS – Congress Heights	The Family Place PCS
Center City PCS - Petworth	The Sojourner Truth School PCS
Center City PCS - Trinidad	Two Rivers PCS – Young Elementary School
Digital Pioneers Academy PCS – Capitol Hill	Two Rivers PCS – Young Middle School
Digital Pioneers Academy PCS - Jochenning	Washington Yu Ying PCS
Eagle Academy PCS – Capitol Riverfront	Capitol Hill Montessori EC (DCPS)
Global Citizens PCS	Military Road Early Learning Center (DCPS)
Goodwill Excel Center PCS	Stevens Early Learning Center (DCPS)
LAYC Career Academy PCS	
LEARN DC PCS	



Eligibility Requirements (p. 11)

1. A community-based organization in the behavioral health sector located in the District of Columbia (DC);
2. Eligible to participate in District-funded programs (not debarred) as evidenced by an exclusion verification;
3. Have at least one service location within the District of Columbia; and
4. At least two years of experience (as of the date of the application) providing children and youth behavioral health services.



Performance Requirements (p. 14)

Experience Criteria

Those applying should meet the following criteria. All applicants must:

1. Comply with all applicable District licensing, accreditation, and certification requirements, as of the due date of the application.
2. Have at least one service location physically within the District of Columbia.
3. Have at least two years of experience (as of the due date of the application) providing child and youth behavioral health services.



Implementation Requirements (p. 14)

Additional Implementation Requirements (if applicable)

- A. Be contracted with all Medicaid Managed Care Organizations or demonstrate the capacity to become contracted up to 90 days after the award.
- B. Be enrolled as a Medicaid provider and a participating provider with the Department of Health Care Finance (DHCF) up to 90 days after the award.
- C. Have an Organizational National Provider Identifier (NPI) number through National Plan & Provider Enumeration System up to 90 days after the award.
- D. Have claims and billing operational experience and infrastructure to obtain reimbursement for services rendered in a school setting.
- E. Be committed to implementing school-based prevention, early intervention and treatment services.
- F. Be able to quickly recruit and hire licensed full-time clinicians who are dedicated to providing culturally and linguistically competent services to children and their families.
- G. Committed to participating in all Community of Practice and evaluation activities.
- H. Have the supervisory capacity to supervise the prevention, and early intervention and treatment services within the comprehensive school behavioral health model.
- I. Be able to collect and report utilization, outcome data, and supervision activities. Provide data reports weekly, monthly, quarterly, annually and as needed.



Definitions (p. 12)

Definitions

- i. **Community Based Organization (CBO)** – a provider agency within the behavioral health sector designed to provide prevention, early intervention, treatment, and continuity of care in communities, addressing community needs and positively impacting population health.
- ii. **Comprehensive School Behavioral Health model** – is a coordinated behavioral health system designed to create a positive school culture that promotes mental wellness and provides timely access to high quality services for children, youth, and their families. The model uses a public health model approach as its organizing framework of promotion and primary prevention for all; focused group/individual interventions for some; and intensive support for few.
- iii. **Comprehensive School-Based Behavioral Health System** – a strategic collaboration between school personnel, community behavioral health providers, students and families to create a positive school culture that provides timely access to high-quality, reliable supports for children, youth, and their families. Teams offer a full array of trauma-informed, culturally-responsive, evidence-based tiered interventions to promote wellness, identify challenges early, and offer treatment services when necessary so that all children and youth succeed and thrive.
- iv. **Behavioral Health Coordination Team** – comprised of representatives from all health related Organizations in the school and appropriate school health personnel. Team lead will be assigned by principal. Team is responsible for ensuring data and updates are provided to DBH to inform the School Behavioral health Coordinating Council
- v. **Fiscal Year** – the District Government’s fiscal year runs from October 1– September 30.
- vi. **Continuous Quality Improvement (CQI)** – ensures a data-driven program implementation process.



Description & Examples of Multi-tiered School-Based Services (pgs. 12-13)

Description and Examples of Multi-tiered School-based Services

1) Promotion and Primary Prevention Services and Supports (Tier 1)

- i. All students within the school community will receive these services.
- ii. The goal of these activities will be to create a positive school climate that reinforces positive behaviors, supports resiliency and recovery among students, and reduces stigma related to mental illness.
- iii. Emphasis is placed upon the promotion of pro-social skill development among children and youth.
- iv. Program examples of school staff support include staff professional development, behavioral health/educational presentation (e.g. social skill building) for students, staff or parents/guardians and evidence-based or evidence-informed school-wide or classroom-based programs.
- v. Screening all students for behavioral health needs

2) Focused Interventions (Tier 2)

- i. Some of the school population is likely to require these services.
- ii. These services and supports are delivered to children and youth who have risk factors that place them at elevated risk for developing a behavioral health problem.
- iii. These children have social/emotional challenges, behavioral symptoms and/or behavioral health needs that may not be severe enough to meet diagnostic criteria or eligibility for special education services.
- iv. Behavioral health clinicians will provide consultation and support to teachers and school staff to develop child/youth-specific strategies to address identified educational or behavioral concerns.
- v. These interventions could include involvement in support groups, skill building groups such as social skill development or anger management groups, and training or consultation for families, teachers and other school personnel who work with identified children.



Description & Examples of Multi-tiered School-Based Services (cont.)

3) Intensive Support (Tier 3)

- i. A few of the school population are likely to require individualized treatment to assist the child/youth to improve functioning in school, home and community.
- ii. This level of care is designed for students who have active behavioral health symptoms that meet diagnostic criteria.
- iii. Program examples include evidence-based or evidence-informed individual, group or family treatment services and crisis intervention.
- iv. These services may be offered on-site at the school or in the home/community at the discretion of the parents/guardian of the child.



School Application, Vetting and Matching Processes (pg. 13)

DC Public Schools (DCPS) Application, Vetting and Matching Process

DCPS requires CBOs to complete an application and obtain approval from the DCPS Central Office review panel in order to be considered for providing school-based behavioral health services in any DCPS school building. Once vetted and approved, a CBO obtains a Memorandum of Agreement (MOA) with DCPS to deliver school-based behavioral health services. The DCPS Central Office will facilitate the matching process between the CBO and cohort schools. Matching with a cohort school is contingent on agreement among school teams which includes but is not limited to school leadership, behavioral health teams and parents.

For CBOs that are applying for this grant opportunity, it is appropriate and efficient that before or at the same time of responding to this Request for Application that CBOs contact Dr. Kenya Coleman, Senior Director, School Mental Health at: Kenya.Coleman@K12.dc.gov to request and begin the DCPS application and vetting process.

1) DC Public Charter Schools (DCPCS) Application, Vetting and Matching Process

While DCPCS does not require an application or vetting process, there is a matching process completed by each Local Education Agency (LEA). CBOs awarded this grant opportunity will be presented to the DCPCS LEAs for selection and matching.



CBO Capacity for Reimbursement for Billable Services (pgs. 13-14)

2) Process to Support CBO Capacity for Reimbursement for Billable Services

- i. Providers may apply for NPI numbers via the National Plan & Provider Enumeration System (NPES) at:
<https://nppes.cms.hhs.gov/webhelp/nppeshelp/MAIN%20PAGE.html>.
- ii. Providers can apply to become a participating organization with the Department of Health Care Finance (DHCF) at:
<https://www.dcpdms.com/Account/Login.aspx?ReturnUrl=%2f>.



SCOPE OF WORK



Program Narrative (p. 17 & 18)

A. Organizational Capacity (up to 2 pages)

- i. Who will be responsible for implementation and oversight of all elements of the school behavioral health program? Provide how school behavioral health fits into the CBO's organizational chart.
- ii. Identify the program manager, supervisor, clinicians and the credentials, responsibilities and roles of persons who will implement the school behavioral health program in your proposed number of schools. If staffing is not yet established, discuss the plan to ensure permanent staff are in place no more than 30 days after award.
- iii. Describe the full array of other behavioral health services and supports that are offered by your organization that may be beneficial to the students and their entire family.
- iv. Describe at least two years of experience (as of the due date of the application) providing child and youth behavioral health services and array of behavioral health services provided to children and youth. Include any current or previous school-based partnerships and behavioral health services provided.



Program Narrative (p. 17 & 18)

B. Project Need (up to 3 pages)

- i. Provide a work plan detailing the steps to be taken, milestones and timelines for recruiting/identifying and hiring qualified clinicians.
- ii. Describe the CBO's strategies for implementing the school behavioral health program utilizing a culturally and linguistically competent approach.
- iii. Describe any potential challenges and contingency plans for addressing these challenges.
- iv. Describe how funding will support strategies that align with reducing barriers to student learning through expanded access to behavioral health services in schools.
- v. Describe the CBO's practice management system and platforms for collecting utilization and outcome data.
- vi. Describe the CBO's experience complying with submitting required outcome data and tools.
- vii. Describe the CBO's strategies and practices for outreach, support, and engagement with families in a school based setting.
- viii. Describe the CBO's menu of prevention, early intervention and treatment services and how these services are reasonable and achievable for student population, families, and school staff to access within the school context. Additionally, describe your organization's approach to partner to fulfill the full complement of multi-tiered services and partner to fill gaps if needed services are not provided by the applicant CBO.
- ix. Describe the CBO's approach to introduce and imbed your work and your organization's staff into the large existing school team to ensure successful integration.
- x. Describe the supervision structure, capacity, and practice within the organization.
- xi. Describe the Continuous Quality Improvement (CQI) practices related to current licensure and professional development of the supervisors and clinicians.
- xii. Describe the CBO's operational practice related to teaming within the behavioral health work with children, youth, and families.



Program Narrative (p. 17 & 18)

C. Project Description (up to 2 pages)

- i. Describe how the CBO will provide sound fiscal management for the infrastructure development to hire and train CBO staff. Include a summary of the fiscal and financial management systems in place that will support the grant.
- ii. Provide a line-item budget and budget narrative justification regarding the CBO's rate for Personnel, Prevention, Early Intervention and Non-Billable activities, equipment, therapeutic supplies (including sub-contractual agreements, or consultants, if applicable). Attachment F is the budget justification and budget narrative form. This form does not count towards the page limit.



Program Narrative (p. 17 & 18)

D. Project Evaluation (up to 2 pages)

- i. Discuss the approach to tracking the progress of the work plan. The grantee should also outline the process measures and targets it will use to track Prevention and Early Intervention Division services delivered under the grant. The section should also briefly describe the infrastructure that will support evaluation activities.



Program Reporting (p. 17)

Data Collection and Reporting

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

- A. Reporting Frequency - Grantee shall report on grant activities as described, on a quarterly, monthly, and weekly basis on a form/format prescribed by DBH:
 - i. **Quarterly** reports will cover the reporting, expenditure data, and grantee performance (e.g. service delivery data, accomplishments, challenges).
 - ii. **Weekly** reports shall consist of Administrative data including hiring date of clinician(s), date of clinician placement in school, level of licensure, number of clients on clinical caseload, clinician resignations; schools pending clinician hire and/or clinician placement.
 - iii. **Monthly** reports shall consist of Supervision Logs outlining activities within the provided supervision framework.
- B. Annual Reporting - On an annual basis, the grantee will be expected to provide summary data on multi-tiered levels of services provided. Service-related data shall include, at a minimum: prevention, early intervention, and treatment services.
- C. 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

- A. Grantees will be responsible for ensuring that all individuals received services under this funding opportunity were serviced within the provided supervision framework.
- B. Grantees must also be able internally track required reporting, expenditure data, and grantee performance (e.g. service delivery data, accomplishments, challenges).
- C. Grantees must be able to track the cost of any services provided, billed and reimbursed.



Evaluation Process (p. 23)

All applications that are complete and meet the eligibility and administrative criteria listed in Section V will be reviewed and scored by an independent review panel. The scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel's recommendations, he/she shall provide a written justification as required by District regulations. The final decision to fund rests solely with the DBH Director. DBH anticipates announcing all awards in DATE.



Application Scoring (p. 23)

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

- Criterion 1 – Capacity (Total of 20 Points)
- Criterion 2 – Need (Total of 53 Points)
- Criterion 3 – Strategic Approach (Total of 10 Points)
- Criterion 4 – Evaluation (Total of 7 Points)
- Criterion 5 – Project Budget and Justification (Total of 10 Points)
- Bonus Points (10 points)



Application Scoring (cont.,)

Criterion 1 – Capacity (Corresponds to Organizational Capacity Section)

(Total of 20 Points)

1. The applicant identifies responsible staff member for implementation and oversight and provided organizational chart. (3points)
2. Identifies the program manager, supervisor, clinicians and the credentials, responsibilities and roles of persons who will implement the school behavioral health program. Included position descriptions, Manage Care Organization contracts, copies of licenses, and resumes for the identified individuals. If staffing is not yet established, discussed the plan to ensure staff are in place 45 days after award. (7 points)
3. Describes the full array of other behavioral health services and supports that are offered by the organization that may be beneficial to the students and their entire family. (5 points)
4. Describes at least two years of experience (as of the due date of the application) providing child and youth behavioral health services and array of behavioral health services provided to children and youth. Include any current or previous school-based partnerships and behavioral health services provided. (5 points)



Application Scoring (cont.,)

Criterion 2 – Need (Corresponds to Project Need Section)

(Total of 53 Points)

1. Provides a work plan detailing the steps to be taken, milestones and timelines for recruiting/identifying and hiring qualified clinicians. (4 points)
2. Describes the CBO's strategies for implementing the school behavioral health program utilizing a culturally and linguistically competent and responsive approach. (4 points)
3. Describes any potential challenges to implementing school-based services and contingency plans for addressing these challenges. For example, how would you respond if clinician's billable treatment caseload was lower than expected? (4 points)
4. Describes how funding will support strategies that align with reducing barriers to student learning through expanded access to behavioral health services in schools. (4 points)



Application Scoring (cont.,)

Criterion 2 – Need (Corresponds to Project Need Section) **(Total of 53 Points)**

5. Describes the CBO's practice management system and platforms for collecting utilization and outcome data. (4 points)
6. Describes the CBO's experience complying with submitting required outcome data and tools. (4 points)
7. Describes the CBO's strategies and practices for outreach, support, and engagement with families in a school based setting. (4 points)
8. Describes the CBO's menu of prevention (3 of 9 points), early intervention (3 of 9 points) and treatment services (2 of 9 points) and how these services are reasonable and achievable for student population, families, and school staff to access within the school context. Additionally, describes the organization's approach to partner to fulfill the full complement of multi-tiered services and how the organization partners to fill gaps if needed services are not provided by the applicant CBO (1 of 9 points). (9 points)



Application Scoring (cont.,)

Criterion 2 – Need (Corresponds to Project Need Section) **(Total of 53 Points)**

9. Describes the CBO's approach to introducing and imbedding their work and the organization's staff into the large existing school team to ensure and maintain successful integration. (4 points)
10. Describes the supervision structure, capacity, and practice within the organization. Identify how the structure can be adapted to the school-based behavioral health context. (4 points)
11. Describes the Continuous Quality Improvement (CQI) practices related to current licensure and professional development of the supervisors and clinicians. (4 points)
12. Describes the CBO's operational practice related to teaming within the behavioral health work with children, youth, and families. (4 points)



Application Scoring (cont.,)

Criterion 3 – Strategic Approach (Corresponds to Project Description Section) (Total of 10 Points)

1. The applicant describes how sound fiscal management will be provided for the infrastructure development to hire and train CBO staff. (5 points)
2. The applicant provides a summary of the fiscal and financial management systems in place that will support the grant. (5 points)



Application Scoring (cont.,)

Criterion 4 – Evaluation (Corresponds to Project Evaluation Section) **(Total of 7 Points)**

The applicant **discusses the approach to tracking the progress of the work plan** which should include information about how data will be collected and how such data will be utilized to manage, monitor, and enhance the program and student outcomes.



Application Scoring (cont.,)

Criterion 5 – Project Budget and Justification (Total of 10 Points)

The applicant provided a **line-item budget and budget narrative justification** regarding the CBO's rate for Personnel, Prevention, Early Intervention and Non-Billable activities, equipment, therapeutic supplies (including sub-contractual agreements, or consultants, if applicable).



Application Scoring (cont.,)

Bonus Points

(Total of 10 Points)

Organizations may earn additional bonus points if they provide evidence of having one (1) or more of the following accreditations or certifications included at the time of application:

- I. Mental Health Rehabilitation Services (MHRS) as evidenced by a copy of the organization's MHRS Certification certificate (5 points)
- II. Federally Qualified Health Center (FQHC) as evidenced by a copy of the organization's FQHC credentials (5 points)



ADMINISTRATIVE GUIDANCE



Applicable Terms and Conditions (p. 6)

The following terms and conditions are applicable to this and all Requests for Applications (RFA) issued by the District of Columbia Department of Behavioral Health (DBH) and to all awards, if funded under this RFA:

- Funding for a DC DBH award/sub-award is contingent on DBH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- The RFA does not commit DBH to make an award.
- DBH may suspend or terminate any RFA pursuant to its own grant making rule(s) or any applicable federal law, regulation, or requirement.
- Individual persons are not eligible to apply or receive funding under any DBH RFA.
- 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. An application will be rejected if it does not comply with eligibility requirements outlined in the RFA. DBH shall notify the applicant if it rejects that applicant's proposal for review.
- DBH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g., DC Grants Clearinghouse).
- 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. No funds already awarded to the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of this application.



Applicable Terms and Conditions (cont.,)

- 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.
- DBH shall determine an applicant's eligibility by way of local and federal registries for excluded parties, searches and documents, and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- DBH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period.
- 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.
- If funded, the applicant will receive a Notice of Grant Award (NOGA), which shall incorporate the requirements of this RFA and identify the project period and budget period.
- Continuation funding, if awarded, shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility, and determination that the continued funding and activities is in the best interest of the District of Columbia.



Applicable Terms and Conditions (cont.,)

- OMB 2 CFR Part 200 (effective December 26, 2014) and 45 CFR Chapter 75, and Title 22A, D.C. Municipal Regulation, Chapter 44, apply to all grants issued under this RFA.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: <https://is.dc.gov/book/citywide-grant-manual-and-sourcebook> (City-Wide Grants Manual and Sourcebook).

If your agency would like to obtain a copy of the DBH RFA Dispute Resolution Procedures, please contact the DBH Grants Management Office at DBH.Grants@dc.gov or find on the DBH website, www.dbh.dc.gov under Opportunities, Request for Applications. Your request for this document **will not** be shared with DBH program staff or reviewers.



Administrative Requirements and Information (p. 8, 9)

- ☐ Documents requiring signature have been signed by the agency head or **AUTHORIZED** Representative of the applicant's organization.
- ☐ The application must have a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed. (<https://www.dnb.com/duns-number/get-a-duns.html>)
- ☐ The Project Narrative is typed using the following formats: 8-1/2 by 11-inch paper, 1.0 spaced, Arial or Times New Roman font 12-point type (10-point font for tables and figures), and a minimum of one-inch margins. **Applications that do not conform to these requirements will not be forwarded to the review panel.**
- ☐ The application proposal format conforms to the "Application Elements" listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan, logic model, and 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 P.M. ET ET on the deadline of Friday, February 18, 2022. **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.**



Administrative Requirements and Information (cont.,)

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 with/Charitable Solicitation Designation
 - Certificate of Occupancy
 - Clean Hands Notice Letter from the DC Office of Tax and Revenue
 - 501(c)(3) Non-Profit IRS Determination Letter
 - Articles of Incorporation
 - By Laws
 - IRS W-9 Tax Form



Administrative Requirements and Information (cont.,)

- Current Fiscal Year's Budget
 - Financial Statements
 - Separation of Duties Policy
 - Board of Directors with Titles
 - Active SAM (System for Award Management) Registration
 - 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)
 - ☐ DC Tax Certification (Attachment 5)
 - ☐ Sub-Grantee Single Audit Certification (Attachment 6)
 - ☐ DBH Grant Terms and Conditions (Attachment 7)
 - ☐ Reference: LEA Guidance: IEP Behavioral Related Service Provision



Audits and Disallowances (p. 63)

- The DBH may conduct fiscal and/or program audits of the sub-grantee either directly or by an independent auditor. The sub-grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The sub-grantee shall cooperate fully and promptly with any audit.
- To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of the DBH may conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring and evaluation purposes.
- Monthly Programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The sub-grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.
- If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

Reference RFA page X



Insurance (p. 68)

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.



Insurance (p. 68)

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 Sexual/Physical Abuse & Molestation insurance with \$1,000,000 per occurrence limits; \$2,000,000 aggregate of affirmative abuse and molestation liability coverage.
- The Organization shall carry Commercial Umbrella or Excess Liability with limits set forth in the Grantee's umbrella or excess liability policy or \$2,000,000 per occurrence and \$2,000,000 in the annual aggregate.
- 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. 68)

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. 54)

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.



Attachments and Packaging



Application Package (p. 25)

Proposal Format and Content

1. Attachments
 - ✓ Notice of Eligibility and Experience Requirements (Attachment A)
 - ✓ Intent to Apply (Attachment B)
 - ✓ Applicant Profile & Abstract (Attachment C)
 - ✓ Table of Contents
 - ✓ Narrative
 - a. Administrative
 - b. Proposed Work Plan
 - c. Fiscal and Financial Management
 - d. Program Reporting
2. Work Plan Template (Attachment D)
3. Staffing Plan (Attachment E)
4. Budget and Budget Justification (Attachment F)
5. Required Documentation (see RFA pages 19 - 22)
6. Signed Attachments 2 – 8 (Fillable PDF)



Application Submission and Deadline (p. 26)

Applications are due Friday, February 18, 2022, no later than 12:00 p.m. Eastern Time (ET), to DBH.

- Applications **MUST ONLY** be emailed to DBH.Grants@dc.gov. No applications will be accepted by fax, on-site and/or in-person.
- Each email must be clearly labeled in the “Subject” line with the organization’s name and DBH RFA number.
- Next, as the 1st line of the email, the project’s name, selected geographic designation, and File# attached shall be listed
- No other information or questions should be included in the application submission emails.
- Applications received at or after Friday, February 18, 2022, 12:01 PM ET, will not be accepted as a submission. Any additions or deletions to a submitted application will not be accepted.



CHECKLIST FOR RFA APPLICATION (p. 8-9)

Applicants that have a current grant agreement with DBH to provide school-based behavioral health services in Cohort 1, Cohort 2 or Cohort 3 schools shall submit a written request to the DBH grant manager requesting additional awards under this RFA. Applicants that do not have a current grant agreement with DBH to provide school-based behavioral health services in Cohort 1, Cohort 2 or Cohort 3 schools shall submit a complete DBH RFA Application Package and 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 DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed. (<https://www.dnb.com/duns-number/get-a-duns.html>)
- ☐ The Project Narrative is typed using the following formats: 8-½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font 12-point type (10-point font for tables and figures), and a minimum of one-inch margins. **Applications that do not conform to these requirements will not be forwarded to the review panel.**
- ☐ The application proposal format conforms to the "Application Elements" listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan, logic model, and 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 P.M. ET on the deadline of Friday, February 18, 2022. **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 with/Charitable Solicitation Designation
 - ☐ Certificate of Occupancy
 - ☐ Clean Hands Notice Letter from the DC Office of Tax and Revenue
 - ☐ 501(c)(3) Non-Profit IRS Determination Letter
 - ☐ Articles of Incorporation
 - ☐ By Laws
 - ☐ IRS W-9 Tax Form

- ☐ Current Fiscal Year's Budget
- ☐ Financial Statements
- ☐ Separation of Duties Policy
- ☐ Board of Directors with Titles
- ☐ Active SAM (System for Award Management) Registration
- ☐ 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)
- ☐ DC Tax Certification (Attachment 5)
- ☐ Sub-Grantee Single Audit Certification (Attachment 6)
- ☐ DBH Grant Terms and Conditions (Attachment 7)
- ☐ Reference: LEA Guidance: IEP Behavioral Related Service Provision



Helpful RFA Tips

- ☐ Please use the **RFA Checklist** (pp. 8-9).
- ☐ Make sure to follow all the instructions in the RFA.
- ☐ Adhere to Application Requirements and:
 - Follow “Proposal Format and Content,” p. 19
 - Include Required Documentation, p. 25
 - Attachments are Completed and/or Signed
 - Include Current Business Documentation.
 - Number all pages in your narrative.



Project Attachments(p. 19 - 22)

Some of the attachments for this application include required templates that the applicants must use.

- ☐ **Fillable PDF's added for download, signature, and submission.**



Work Plan (not counted in page limit)

- ❑ The work plan template (see **Attachment D – Word Document**) 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.



Work Plan (not counted in page limit)

WORK PLAN

Attachment D

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



Staffing Plan (not counted in page limit)

The applicant's staff plan template (see Attachment E/Word Document) 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.



Helpful RFA Tips (cont.,)

- ❑ Use the **Budget Justification & Narrative Form** (Attachment F/Excel Spreadsheet) 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.



Project Budget and Justification (not counted in page limit)

- ❑ The application should include a project budget (see Attachment F-Excel Spreadsheet) with justification using the provided template.
- ❑ The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes for implementation of school-based behavioral health services.
- ❑ Provide a line-item list regarding the CBO's rate for Personnel, Prevention, Early Intervention and Non-Billable activities, equipment, therapeutic supplies (including sub-contractual agreements, or consultants, if applicable).
- ❑ The budget should reflect a 6-month period. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the 6-month grant period.



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.



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



Budget and Budget Justification (Cont..)

- VI. Contractual:** Provide the name of entity and identify whether it's a sub-recipient, sub grantee, consultant, or service. Also provide the entity's rate.
- VII. Other Direct Costs:** List any costs not included in any of the other cost categories such as **virtual platforms**.
- VIII. Indirect Costs:** Indirect costs should not exceed 10% of direct costs, unless the organization has a negotiated indirect cost rate agreement.
- IX. Program Income:** If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.



Advances (not counted in page limit)

An applicant seeking an advance, must submit a completed Advance Payment Request form (Attachment G) with the submitted application and be signed by the organization's Chair of the Board of Directors and Executive Director, or equivalent positions. Applicants must detail the amount requested per budget category in the budget and justification (see Attachment F). Advance payments are optional and an applicant is not required to submit the Advance Payment Request form. Failure to submit an Advance Payment Request form with the application eliminates the consideration for an advance payment. An advance payment will not be provided without prior official request and approval.



Advances (not counted in page limit)

Attachment G 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: \$	Advance Requested: \$ <small>(Amount allowed is the lesser of the first 30 days or 25% of the award)</small>	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).



Letters of Agreement (not counted in page limit)

SAMPLE LETTER OF AGREEMENT

Date

Speaker's Name

Address

City, State Zip

Dear Speaker's Name:

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

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

President's Signature

Date

Student Organization Name

Speakers Signature

Date

Speaker's Social Security Number

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



Business License (not counted in page limit)

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



Business License

(not counted in page limit)


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 DC20011

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 (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 **SIXTY (60)-day period** immediately preceding the application's submission. Self-Certification is not acceptable.



Clean Hands Certification (not counted in page limit)

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

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

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

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

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

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

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

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

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

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

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

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

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

<https://mytax.dc.gov/#9>

Menu Clean Hands

[Home](#)

[Clean Hands](#)



Clean Hands

[Request a Certificate of Clean Hands](#) If you

[Validate a Certificate of Clean Hands](#) Valid

Certificate Search

[Home](#)

[Clean Hands](#)

Certificate Search

Top of Form



Clean Hands Certificate Search

Please enter the notice number of th

Notice Number

Last 4 digits of Taxpayer ID

Search

Bottom of Form

Certificate Search

[Home](#)

[Clean Hands](#)

Certificate Search

Top of Form



Clean Hands Certificate Search

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

Notice Number

Last 4 digits of Taxpayer ID

Search

Search Result

Issued Date

Issued To



Current Status

This taxpayer is currently **compliant**.

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

Bottom of Form

I did not request a Certificate of Clean Hands, why is there one in my unread correspondence?

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





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

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

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

DEPARTMENT OF THE TREASURY

Date: JUL 17 2009

Employer Identification Number:
33-0769905
DLN:
17053178717029
Contact Person:
FAITH E CUMMINS ID# 31534
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

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

Dear Applicant:

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

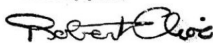
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of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

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

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

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



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).



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.

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

Request for Taxpayer Identification Number and Certification
► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

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

☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

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

6 City, state, and ZIP code

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► Date ►

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (canceled debt)
• Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Cat. No. 10231X Form W-9 (Rev. 10-2018)



Current Fiscal Year Budget (not counted in page limit)

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



Financial Statements (not counted in page limit)

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



Separation of Duties Policy (not counted in page limit)

- ☐ The applicant must state **how the organization separates financial transactions and duties among people within the organization in order to prevent fraud or waste.**
- ☐ This may be a statement that already exists as a formal policy of the organization, or the applicant may create the statement for purposes of the application. The applicant should state which of these situations apply and provide the following information:
 1. Describe how financial transactions are handled and recorded;
 2. Provide the names and titles of personnel involved in handling money;
 3. Identify how many signatures the financial institution(s) require on the organization's checks and withdrawal slips; and,
 4. Address other limits on staff and board members' handling of the organization's money.



Board of Directors (not counted in page limit)

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

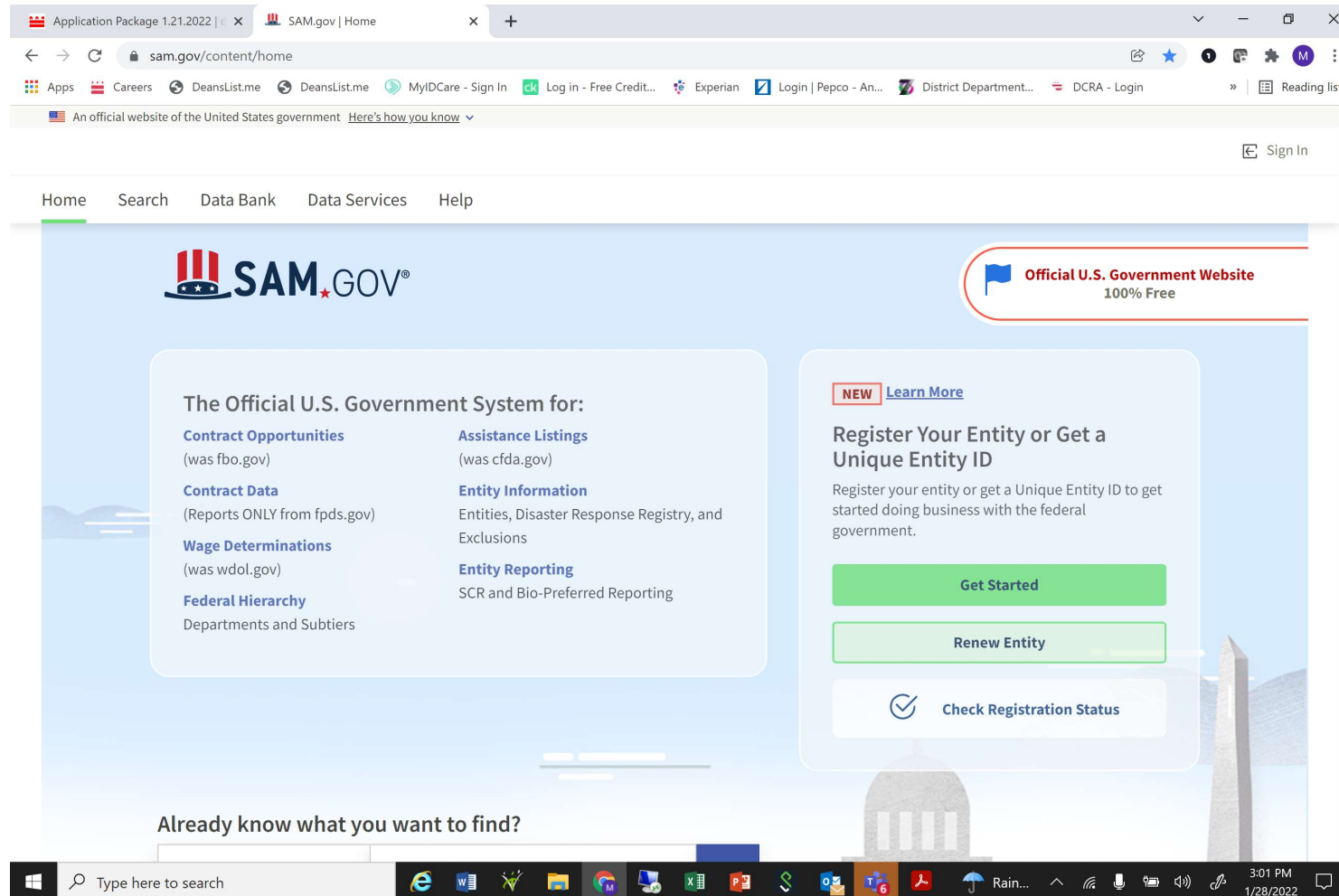


System for Award Management (SAM) Registration (not counted in page limit)

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



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



Partner Documents (not counted in page limit)

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



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

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 shall contain additional endorsements naming the Government of the District of Columbia and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the grant award. The applicant shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.



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

- The applicant must provide in writing the name of all its insurance carriers and type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, worker's compensation insurance carrier), fidelity bond holder (if applicable), and before execution of the grant award, a copy of the binder or cover sheet of the current policy for any policy that covers activities that might be undertaken in connection with performance of the grant award, showing the limits of coverage and endorsements.
- All policies, except the Worker's Compensation, Errors and Omissions, and Professional Liability policies that cover activities that might be undertaken in connection with the performance of the grant award.
- Please see Insurance section under General Terms and Conditions.
(pg. 68/Slides 43 & 44)



Remember!

- ☐ Read the entire RFA, including the attachments!
- ☐ All questions must be submitted by Friday February 11, 2022, one week prior to the RFA's closing.
(When emailing questions to Dr. Scott - Please copy DBH.Grants@dc.gov)
- ☐ Have a second reader to review your application before submitting.
- ☐ Before submitting, complete the Checklist found on pages 8-9 and review the Submission Requirements found on pg. 25.
- ☐ Don't wait until the last minute to submit your application!



Submission Tips

- ❑ Visit the DBH website to download the RFA & Fillable Attachments:
<https://dbh.dc.gov/node/1577291>
- ❑ Make sure all of your files are properly labeled AND are the correct, signed versions where applicable.
- ❑ Once your application is ready for submission:
 - Submit it before, or no later than, the submission deadline – February 18, 2022, 12 p.m. ET
 - Applications are to be emailed to DBH.Grants@dc.gov . Each email must be **clearly labeled in the “Subject” line with the organization’s name and DBH RFA number.**



Contact Information

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Questions

