

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

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## **Pre-Application Conference RFA No. FEP090823**



## **First Episode Psychosis (FEP) Treatment for Transition Age Youth September 20, 2023, 10 am to 11am**



Please Note:

The image is a screenshot of a Zoom meeting interface. The title bar at the top reads "Meeting with Edwards, Maxine (DBH)". The top toolbar includes icons for Chat, People, More, Camera, Mic, Share, and a red "Leave" button. A notification banner states "This meeting chat is muted. Settings". The main area shows a large circular placeholder with the text "ME" and the instruction "Invite people to join you". The bottom toolbar contains a text input field "Type a new message" and icons for attachments, chat, and more options. Five light blue callout boxes with arrows point to specific UI elements: "Video is your choice..." points to the Camera icon; "Register attendance..." points to the People icon; "Add questions . . ." points to the Chat icon; "Please remain on 'Mute'" points to the Mic icon; and another "Please remain on 'Mute'" points to the "Leave" button.

Video is your choice...

Register attendance...

Add questions . . .

Please remain on "Mute"

Please remain on "Mute"



# Today's Agenda

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## Welcome

## Presenters

- Leslie-Ann Byam, Project Director
- Renee Evans Jackman, Director, Grants Management

## General Information

- Overview, Background, and Definitions

## Award Information

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

## Performance Requirement

- Experience Criteria, Performance Criteria, Target Population, Location of Services, Data Collection and Reporting

## Application Requirements

- Project Narrative
- Evaluation Criteria

## Successful Packaging

- Additional/Fillable Attachments

## Helpful Information

- Key Dates, RFA Checklist, Tips, and Contact Info

## Questions & Answers



# Overview (p. 10)

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The Government of the District of Columbia, Department of Behavioral Health, (Adult and Transition Age Youth Administration) is soliciting an application from the qualified organization to implement a First Episode Psychosis (FEP) Treatment Program for Transition Age Youth. The purpose of the FEP Treatment Program for Transition Age Youth is to change the long-term prognosis for young adults coping with schizophrenia by providing an early and effective treatment intervention program for individuals who have experienced their first episode with psychosis. There are no programs in the District that address schizophrenia or psychosis for young adults in the District.

**This solicitation includes 1 (one) application opportunity.**



# Background (p. 13)

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As one of the required deliverables of the previous TAY Now is the Time-Healthy Transitions (NITT-HT) SAMHSA grant awarded to DBH in FY14, DBH was required to establish a System of Care (SOC) for transition-age youth and young adults. To accomplish this deliverable, in January 2016, DBH released a Request for Proposal (RFP) solicitation, targeting two to three certified Core Service Agencies (CSA) to serve as the building blocks in the establishment of the TAY SOC. This competitively bid process was open to all DBH-certified CSAs, and DBH anticipated awarding two to three contracts to providers trained in Transition to Independence Process (TIP) services and Supported Employment services. The successful CSAs would become the foundation for the newly established TAY SOC provider network and focus on improving access to behavioral health services for youth and young adults ages 16 - 25. Of the two CSAs that responded both were subsequently awarded a contract on June 21, 2016, to serve the TAY population and under the NITT: HT grant both were deemed a TAY specialty provider.



## Background (cont.)

In 2020 DBH hosted another competitive bid process which was again open to all DBH certified CSAs. This solicitation addressed the deliverables of SAMHSA's Healthy Transitions (HT) Grant which was awarded to DBH in FY19. Healthy Transitions seeks to continue and expand the System of Care established under NITT-HT. It also addresses the behavioral health needs of transition-age youth with Serious Emotional Mental Illness (SEMI) and or substance use disorder (SUD) concerns. This process was open to all DBH-certified CSAs and the previous two agencies were again successful in their bid. On January 13, 2021, they were awarded the contract and became a TAY specialty provider under the Healthy Transitions Grant.



# Definitions

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- **Transition Age Youth ( TAY):** Young adults with behavioral health needs who are aged 16 to 25 years old.
- **NAVIGATE:** is a comprehensive intervention program for people who have experienced a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and recovery.
- **NAVIGATE Director:** Coordinates and leads the NAVIGATE team.
- **NAVIGATE Individual Resiliency Trainer (IRT):** Promotes individual resiliency by enhancing illness management and building strengths.
- **NAVIGATE Family Education (FE):** Clinician encourages how to work together as a family to support the individual's recovery.
- **NAVIGATE Supported Employment and Education (SEE):** Specialist pursues employment and educational goals.

# Definitions (cont.)

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- **NAVIGATE Peer Specialist:** Provides peer support to the family and the individual.
- **NAVIGATE Case Manager:** Provides individual and team case management, community education, and recruitment of individuals who have begun to experience psychosis.
- **NAVIGATE Medication Manager:** Monitors the medication of FEP clients, encourages the use of low doses of medications, and addresses the special issues of clients with first-episode psychosis.
- **Severe Mental Illness (SMI)** - a smaller and more severe subset of one or more mental, behavioral, or emotional disorder(s) resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.



# Source of Grant Funding & Award Funding Available (pgs. 10-11)

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## Source of Grant Funding

Block Grants for Community Mental Health Services FAIN #6B09SM087340 & Block Grants for Community Mental Health Services FAIN # B09SM085341

## Award Funding Available

This RFA will make available a total of \$400,000.89, (\$237,982.00 from award FAIN# 6B09SM087340 and \$162,018.89 from award FAIN# B09SM085341). The combined total of \$400,000.89 will be available in the base year. This base year amount will be used to offer First Episode Psychosis (FEP) treatment services to District young adults who *have experienced* their first episode of psychosis.

The funding from FAIN# 6B09SM087340 in the amount of \$237,982.00 will be from the date of award to September 2024. Contingent on project performance and continued funding from SAMHSA, additional funding may be available for up to three (3) additional years.

The amount of \$162,018.89 will be awarded from FAIN# B09SM085341 for the base period which will be from the date of award to September 2024. Contingent on project performance and funding from SAMHSA, \$106,536.00 may be available for one (1) option year. Funding under this award (FAIN# B09SM085341) will not extend past FY25.



# Eligibility Requirements (p. 12)

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## Eligibility Requirement

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

- DBH Certified Mental Health Rehabilitative Services (MHRS) Providers and/ or all certified DBH-Core Service Agencies (CSA),
- Providers with experience providing behavioral health services to youth and young adults ages 16-26 years of age.
- MHRS providers previously trained and delivering Cognitive Behavioral (CBT), Transition Independence Program (TIP), and Individual Placement and Support (IPS) are encouraged to apply.



# Performance Requirements (p. 13-14)

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## Experience Criteria

- Knowledge of diagnoses that could lead to psychosis / Knowledge of SMIs.
- Ability to document treatment structures within the agency that can address these diagnoses.
- Ability to provide clinical assessments, psychoeducation for individuals and family members, cognitive and behavioral interventions, academic and vocational support, psychopharmacology, and medical management to include the side effects of medications (e.g.: monitoring for metabolic syndrome with antipsychotic use).
- Hire young adult peers who will support the clinical team.

# Performance Requirements (p. 13)

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## Performance Criteria

Those applying should be able to meet the following performance criteria by delivering or offering:

- Case Management
- Medication Management
- Somatic Treatments
- Individual Resiliency Education
- Family Education
- Peer Support/Provide community support
- Community-Based Interventions
- Counseling
- Community-based education and outreach
- Academic and vocational support
- \*Supported Employment and Education

\*TAY may be referred to an organization that can provide individualized support employment



# Target Population (p. 14)

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The target population covers Transitional Aged Youth, age 16 to 25 years old, that reside in or are wards of District of Columbia living within a 50-mile radius of the District.



# Program Reporting (p. 14 -15)

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## **Data Collection and Reporting**

- Grantees will be required to collect, track, and report information on all grant activities, services provided, and individuals served.
- Grantee shall report on grant activities on a monthly basis on a form/format prescribed by DBH.
- Grantee shall report on grant activities on an annual basis, a summary of data on services offered.
- Grantee will complete and follow an internal evaluation plan.



# Application Requirements (p. 16-18)

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## **Project Narrative**

- **Project Abstract**

## **Project Need**

- **Project Budget and Justification**

## **Project Description**

- **Performance Metrics**
- **Work Plan**
- **Staffing Plan**



# Evaluation Criteria (p. 21)

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

- Criterion 1 – Capacity (Total of 25 Points)
- Criterion 2 – Need (Total of 25 Points)
- Criterion 3 – Strategic Approach (Total of 20 Points)
- Criterion 4 – Evaluation (Total of 15 Points)
- Criterion 5 – Project Budget and Justification (Total of 15 Points)





# Successful Packaging



# Proposal Format and Content

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

# Project Abstract

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

## **A. Project Abstract (up to 1 page)**

A one-page project abstract is required (see **Attachment C**). Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative.

The project abstract must be 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:

- 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.



# Work Plan (Attachment D)

The work plan template (see **Attachment D**) provided by DBH is required. The work plan describes key activities and tasks to successfully deliver the (program/effort) scope of services and aligns with the Project Description narrative under Application Requirements.

The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

Attachment D

WORK PLAN

Objective(s)	Action(s)/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.																
<b>Objective 1.1:</b> Directions: Provide the key activity which will directly contribute to the project goal.	Directions: Name the key actions to be implemented to achieve the objective.	Directions: Let the results you expect to achieve which directly contribute to the objective for the goal identified.	Directions: Indicate the staff member, group, or other person responsible for overseeing the activity.	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.												
<b>Objective 1.2:</b>																
Objective(s)	Action(s)/Activities	Results	Person(s) Responsible	Duration	Fiscal Year XX											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	
Goal 2:																

RFA # RMO DOR012221

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# Staffing Plan (Attachment E)

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

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

The staffing plan should describe staff duties, qualifications, and the percent of time to be spent on project activities, and whether the time will be charged to the grant.

The plan should clearly indicate which staff positions will need to be hired. Staff CVs, resumes, and position descriptions shall be submitted and will not count towards the page limit.

# Budget Narrative (p. 18)

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Use the Budget Justification & Narrative Form (Attachment H, Excel Spreadsheet) to prepare a line-item budget with your proposed costs.

All expenses should relate directly to achieving the key grant outcomes including:

- Serving 25 TAY throughout the funding period
- Offering early access to evidence-based treatments to help FEP young adults
- Minimizing the duration of untreated psychosis (DUP) and SUD
- Building resiliency and skills (including educational, occupational, and social functioning)
- Educating young adults, their families, and the community at large on SMI, SUD, and psychosis. The budget should reflect a 12-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 12-month grant period.



# Budget Narrative (cont.)

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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 the (OurTime FEP) and for the project staff will be approved in the grant budget. Provide purpose, destination, and type of travel.
- iv. Equipment:* Provide the item, quantity, amount, and percent charged to the grant.
- v. Supplies:* Include the items being requested and rate. Description should also include how the supplies directly support the project.
- vi. Contractual:* Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate.
- vii. Other Direct Costs:* List any costs not included in any of the other cost categories.
- viii. Indirect Costs:* Indirect costs should not exceed 10% of direct costs, unless the organization has a negotiated indirect cost rate agreement. Please reference 45 CFR §75.414.
- ix. Program Income:* If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.



# Project Budget and Justification (Attachment F)

## Department of Behavioral Health Detailed Project Budget and Narrative Justification

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.*

Funding Source: RFA RM0 MAX082522	Project Title: Operation Streamline Processes
Proposed Project Period: Start Date: 10/1/2022	End Date: 9/30/2023

A. PERSONNEL (SALARY AND WAGES) 2 CFR §200.430(b) Compensation - Personal Services	2 CFR §200.430(b)	45 CFR §75.400
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DESCRIPTION - A. PERSONNEL (SALARY AND WAGES)			CALCULATION				
Position	Name	Key Staff	Annual Salary	% Level of Effort (LOE)	Total Salary Cost	Requested Advance	In-Kind Salary Total
Project Director	John Doe	Yes	\$ 64,890.00	45%	\$ 29,200.50	\$ 10,000.00	\$ -
Grant Manager	Scrooge McDuck	Yes	\$ 55,000.00	55%	\$ 30,250.00	\$ 10,000.00	\$ -
Program Director	Julie Doe	Yes	\$ 60,000.00	100%	\$ 60,000.00	\$ 15,000.00	\$ -
Community Outreach Specialist	Vacant	Yes, In-Kind	\$ 35,000.00	100%	\$ 35,000.00		\$35,000.00
		Choose...			\$ -		\$ -
		Choose...			\$ -		\$ -
		Choose...			\$ -		\$ -
		Choose...			\$ -		\$ -
		Choose...			\$ -		\$ -
		Choose...			\$ -		\$ -
A justification must be provided for each item listed in any category.			REQUEST		\$ 154,450.50	\$ 35,000.00	\$ 35,000.00

**JUSTIFICATION - A. PERSONNEL (SALARY AND WAGES)**

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.  
 (2) The Program Director will coordinate project services and project activities, including training, communication and information dissemination.  
 (3) The Grant Manager will provide necessary guidance to staff for services under this project.  
 (4) The Community Outreach Specialist will be provided in-kind by Street Works! Organization and will be responsible for connecting all 8 Wards of DC.





# Project Budget and Justification (p. 18)

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## **Project Budget and Justification**

The application should include a project budget (see **Attachment F**) with justification using the provided template. The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes and the scope of services.

The budget should reflect a 12-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 12-month grant period.

## **Restrictions:**

No mini-grants or sub-grants are permitted for any entity that is awarded funding under this RFA. All participating youth and eligible interns must be adequately financially compensated with a DBH approved rate for the services they are providing.



# Advance Payment Form (Attachment G)

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.

Attachment G Department of Behavioral Health ADVANCE PAYMENT REQUEST FORM		
<b>I. GRANTEE AND GRANT IDENTIFICATION</b>		
Organization/Applicant Name:		
RFA No.:		
RFA Title:		
<b>II. FUNDING AWARD &amp; ADVANCE</b>		
Total Award: \$	Advance Requested: \$ <small>(Amount allowed is the lesser of the first 30 days or 25% of the award)</small>	Percent of Total Award: ( )%
<p>1. An applicant responding to a RFA shall identify in the application the need for an advance payment and acknowledge that, if selected, provide the information requested as part of the advance payment request.</p> <p>2. The advanced funds shall be spent by the awarded grantee within the same DC Government fiscal year during which the advance is made.</p> <p>3. Only one advance payment can be made per grant each fiscal year. If the awarded requests a second advance for a subsequent fiscal year, each advance shall be reviewed for approval.</p> <p>4. The use of an advance payment shall be consistent with all terms and conditions of the grant.</p>		
<b>III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE</b> If attached separately, it must be signed by the representatives identified in section V of this form.		
<b>IV. TERMS AND CONDITIONS</b>		
The applicant must submit a statement of need for the specified amount of advance payment (please attach and sign).		
The applicant must submit documentation of the use of advanced funds (invoices, receipts, payroll documentation, etc.) to the DBH grant project director and/or fiscal monitor before the end of the grant performance period, or sooner, if explicitly requested by the DBH grant project director. The approved awardee must use the advanced funds in accordance with all the terms and conditions of the grant award.		



# Letters of Agreement

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

## 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

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.

**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

Premise/Application's Name and Address: IMAGE CONSTRUCTION LLC  
4328 HUGH BENNETT DRIVE  
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

Each applicant must submit a current Certificate of Clean Hands from the District of Columbia Office of Tax and Revenue (OTR).

A Certificate of Clean Hands can be requested via OTR's online portal, <https://mytax.dc.gov/>.

DBH requires that the submitted Certificate of Clean Hands reflect a date within a **60-day period** immediately preceding the application's submission.

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

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: L0000000000

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

**CERTIFICATE OF CLEAN HANDS**

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

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

Authorized By: Marc 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.

# IRS Tax-Exempt Determination Letter and 990 Form (Non-Profits Only)

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The applicant must submit the organization's determination letter approving and/or confirming the tax-exempt status. Please see <https://www.irs.gov/charities-non-profits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letter-from-irs> for more information. If relevant, for the applicant's business status and any correspondence or other communication received from the IRS within the three (3) years before submission of grant application that relates to the applicant's tax status.

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.





# 501(c)(3) Letter (Non-Profits Only)

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

DLM:  
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.

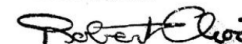
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of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

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

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)



# IRS Tax Exemption Affirmation Letter

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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).





# IRS W-9 Tax Form

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.

<b>Form W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service		<b>Request for Taxpayer Identification Number and Certification</b> Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.		Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
2 Business name/disregarded entity name, if different from above				
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <b>Note:</b> 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. <input type="checkbox"/> Other (see instructions) ▶			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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)
	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.				
<b>Part II Certification</b> 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. <b>Certification instructions.</b> 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.				
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶		
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> . <b>Purpose of Form</b> 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-INT (interest earned or paid) • 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. <i>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.</i>				

Cat. No. 10231X

Form W-9 (Rev. 10-2018)



# Audited Financial Statements

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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:

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

# Separation of Duties Policy

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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

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The applicant must submit a **separate** official list of the current board of directors.

This document must be on applicant's letterhead, signed and dated by the certified official from the Board (not the Executive Director).



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

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

The Applicant must request and obtain a Unique Entity ID (UEI) number to apply for funding.

The Applicant must provide documentation of an active UEI or provide documentation that the UEI has been requested.

If awarded federal funding, documentation of an active UEI is required.

Visit [www.sam.gov](http://www.sam.gov) for more information.



# Partner Documents

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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**

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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 also see Insurance section under General Terms and Conditions.



# Fillable Attachments 2 – 9 (pp. 69-85)

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## Attachment #:

2. Assurances, Certifications and Disclosures, pg. 69
3. Program Income and Financial Disclosure, pg. 74
4. DC Contribution and Solicitation Certification, pg. 76
5. Federal Assurances and Certifications, pg. 77
6. Special Terms of Award Funding, pg. 82
7. Tax Certification, pg. 83
8. Sub-Grantee Single Audit Certification, pg. 84
9. DBH Grant Terms and Conditions, pg. 85





# Review and Scoring (p. 23)

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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, 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.



# Remember!

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- ☐ Read the entire RFA, including the attachments!
- ☐ All questions must be submitted by Monday, October 2nd, 2023, one week prior to the RFA's closing.  
(When emailing questions please copy [DBH.Grants@dc.gov](mailto: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!

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- ❑ 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](mailto:DBH.Grants@dc.gov)
- ❑ Meet the submission deadline by **Monday, October 9, 2023**



# CHECKLIST FOR RFA APPLICATION (pp. 8-9)

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](mailto:DBH.Grants@dc.gov) by 12:00 PM ET on the deadline of Monday October 31, 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)
- ☐ Synar Protocol (Attachment H)
- ☐ 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)



# Key Dates

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- Notice of Funding Announcement: Friday, September 8, 2023
- Request for Application: Friday, September 8, 2023
- Release Date: Friday, September 8, 2023
- Letter of Intent Due Date: Friday, September 22, 2023
- Pre-Application Conference Date: Wednesday, September 20, 2023, 10:00 A.M
- Application Submission Deadline: Monday, October 9, 2023, 12:00 P.M.
- Anticipated Award Start Date: Friday, October 27, 2023



# Program Contact Information

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# Chat Questions

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