

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

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**Pre-Application Conference**



**District of Columbia Opioid Response 3 (DCOR3) Grant Opportunity: Faith-Based  
Prevention, Outreach and Recovery**

**Friday, April 19, 2024 | 10:00 – 11:00 AM**



# Today's Agenda

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## Welcome

## Presenters

- Nathalie Pardo, Project Monitor
- Sharon Hunt, State Opioid Treatment Authority (SOTA)
- Renee Evans Jackman, Director, Grants Management

## General Information

- Overview, Background, and Purpose

## Award Information

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

## Performance Requirement

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

## Application Requirements

- Project Narrative
- Evaluation Criteria

## Successful Packaging

- Additional /Fillable Attachments

## Evaluation Criteria Helpful Information

- Key Dates, RFA Checklist, Tips and Contact Info

## Questions & Answers



Please Note:

The image shows a screenshot of a Microsoft Teams meeting interface. At the top left, there is a timer showing '00:57'. The top navigation bar includes icons for Chat, People, Raise, React, View, and a plus sign for more options. On the right side, there are icons for Camera, Mic, and Share. A status bar below the navigation bar indicates 'This meeting chat is muted. See...'. A 'Meeting chat' panel is open on the right, showing a list of messages: 'Edwards, Maxine (DBH) joined the conversation.', 'Edwards, Maxine (DBH) named the meeting Meeting with Edwards, Maxine (DBH).', and '9:19 AM Meeting started'. At the bottom, there is a text input field with the placeholder 'Type a new message' and a send button.

Video is your choice...

Please remain on "Mute"

Register attendance with your name, preferred email address, and phone number  
In the chat

Invite people to join you

Add questions . . .



## Overview (pg. 10)

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The Government of the District of Columbia, Department of Behavioral Health, Adult Services Administration is soliciting applications from qualified organizations to implement initiatives that build a comprehensive system of care for residents with opioid use disorder (OUD) and stimulant use disorder (STUD) throughout the District under the District of Columbia Opioid Response (DCOR) 3 grant. The purpose of the DCOR 3 grant is to increase access to medications for opioid use disorder (MOUD), reduce unmet treatment needs, and reduce opioid and stimulant overdose-related deaths in DC through the provision of prevention, harm reduction, treatment, and recovery support services (RSS) to individuals with OUD and STUD.



## Background (pg. 11)

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A primary goal of the LIVE.LONG.DC. plan is to leverage and enhance the experience and knowledge of community-based organizations to connect with a wide range of families and individuals living in the District. By working with organizations who operate outside of the formal behavioral health system, DBH hopes to engage community members who do not necessarily need behavioral health services themselves, but may need help seeking treatment for a friend, neighbor, or loved one. DBH also hopes to leverage the credibility and reach of faith-based organizations specifically to raise awareness about both the risks associated with opioids and stimulants as well as the possibilities for treatment and recovery. Most importantly, DBH hopes that partnering with faith-based organizations will help alleviate the stigma around substance use disorders (SUDs) and allow community members to feel empowered to help their neighbors by being knowledgeable about treatment and recovery options and carrying naloxone.



## Purpose (pg. 12)

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The purpose of the DCOR Faith-Based Grant is to contribute to the District's opioid response strategy. Qualified faith-based organizations will support the District to increase outreach and education around prevention, harm reduction, treatment, and recovery, and increase harm reduction education to families and communities, including naloxone distribution for those most affected. Under the DCOR grant, faith-based grantees are required to host 12-step groups, support groups, or some other activity for individuals with SUDs, as well as family support groups. Grantees are encouraged to partner with treatment providers or other organizations to host these groups. All groups must be supportive of MOUD as an evidence-based treatment path to recovery.



# Source of Grant Funding and Award Funding Available (pg. 10)

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

Award Funding Available for Faith-Based Prevention, Outreach, and Recovery Grant Opportunity: This RFA will make up to six (6) individual awards with a ceiling amount of \$100,000 over a base period (5 months for FY24)



# Eligibility Requirements (pg. 11)

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Eligibility requirements associated with this RFA:

1. Ability to enter into an agreement with DBH requiring compliance with all governing federal and District of Columbia laws and regulations, including Substance Use Disorders and Mental Health Grants (22-A DCMR Chapter 44).
2. Is not a current recipient of DCOR faith-based grant.
3. Faith-based organizations located in the District of Columbia (primary place of worship must be located in the District);
4. 501(c)(3) non-profit status; and,
5. Active Charitable Solicitation license from DC Department of Licensing and Consumer Protection (DLCP).





# Performance Requirements (pg. 12)

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## Experience Criteria

1. Demonstrated experience working in the community in the areas of hosting outreach events, disseminating literature, hosting groups such as 12-step and family support groups, and demonstrated experience creating partnerships with other community partners;
2. Demonstrated ability to start work within thirty (30) days of award; and,
3. If a current or former DBH grantee, the ability to prove compliance with all past or ongoing grant requirements (e.g., proof that all milestones have been met, data reports submitted, etc.).



# Target Population (pg. 12)

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The target population is individuals who live in the District of Columbia.



## Location of Services (pg. 12)

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Services associated with this grant must take place in the District of Columbia. Applicants must specify their ward where they have their primary place of worship and describe their community's need for harm reduction and substance use prevention services (e.g., information about overdoses, high prevalence of people in recovery, etc.). Preference will be given to applicants who work in identified hotspots or areas where there is a high proportion of overdoses (fatal and nonfatal).



## Scope of Services (pp. 13-14)

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Services to be provided under the Faith-Based Prevention, Outreach, and Recovery initiative include the following:

1. Disseminate literature and materials using information provided by DBH regarding OUD and STUD prevention, harm reduction, treatment (including MOUD), and recovery, both inperson and virtually (at least once per month) over social media channels;
2. Ensure staff assigned to initiative complete LIVE.LONG.DC. Opioid Ambassador Training within one month of receiving the grant;
3. Host at least three (3) community events that aim to educate the faith-based organization's members about OUD and STUD, treatment options, recovery, and naloxone. Grantees have flexibility to determine the themes and format of the events. At least two (2) of the events must feature individuals who have lived experience with OUD or STUD.



## Scope of Services, continued

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4. Plan and execute at least six (6) outreach events (3 per quarter) that aim to engage the broader community (outside of the applicant's congregation) in prevention, treatment, recovery, or harm reduction activities. At least three (3) of these events must focus on stigma reduction. These outreach events can be completed in conjunction with the six (6) community events or separately. Grantees are expected to plan and execute these events with other community or faith-based organizations that are addressing the opioid epidemic. Grantees have flexibility to determine the themes and format of the events.
  - a. These can be educational programs including: Using prevention-based, evidence-based curricula (e.g., Project Alert, Too Good for Drugs, etc.) or having credentialed speakers and/or people with lived experience (peers) engage with target groups.
  - b. Recreational activities embedded with prevention messaging.
  - c. Wellness activities, which may include yoga, mindfulness, meditation, exercise, and must include prevention messaging.



## Scope of Services, continued

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5. Obtain and maintain a valid naloxone standing order. Ensure all grant staff have taken the District's naloxone training within 30 days of grant start. Distribute a minimum 50 units of naloxone units per quarter for the duration of the grant.
6. Host at least three (3) naloxone distribution events. Event attendees should all leave with at least one (1) naloxone kit.
7. Host 12-step groups, support groups, or some other activity for individuals with SUD, as well as family support groups. Grantees are encouraged to partner with treatment providers or other organizations to host these groups. All groups must be supportive of MOUD as an evidence-based treatment path to recovery.
8. Support National Prescription Drug Take Back Day in April and in October in option years that promote safe disposal of expired and unused medications.
9. Sponsor International Overdose Awareness Day activities in August.



## Scope of Services, continued

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10. Host at least two (2) (one per quarter) “Days of Recovery” during primary days of worship using DBH-provided information regarding OUD prevention, harm reduction, treatment (including MOUD), and recovery.
11. Plan and implement a minimum of two (2) initiatives focused on seniors (ages 65+), two (2) to unhoused (homeless) individuals, and two (2) to youth. Initiatives may include opioid and stimulant education, prescription drug use education, naloxone training and distribution, and education about harm reduction strategies, treatment, and recovery. Activities can be constructed to meet multiple required deliverables. For example, an outreach event that targets seniors and includes naloxone distribution will satisfy deliverables listed in numbers 3, 5, and 10.
12. Participate in meetings with other providers in each Ward during bi-monthly ward-level meetings to discuss collaboration across the ward, LIVE.LONG.DC. quarterly summits, and on monthly Prevention and Coordination Opioid Strategy Group calls.



# Project Narrative (pg. 14)

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## Organizational Capacity (pp. 14-15)

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

1. Describe their mission, structure, scope of current activities, experience, and capacity to meet the deliverables outlined in this RFA;
2. Describe how existing resources, materials, and partnerships can be leveraged to educate the communities and congregations;
3. Describe the team who will work on this initiative, including anyone that would be hired to run this work;
4. Describe the process that the applicant will implement to promote these activities and events with members of the congregation and the community (virtual and otherwise);
5. Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise; and,
6. Describe the organization's plan to be fully operational within seven (7) calendar days of the new grant agreement.





# Project Narrative, continued

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## Project Need (pg. 15)

Applicants should describe the unmet need for faith-based prevention and harm reduction activities in the community and where the activities will occur. Note: if referencing publicly available sources of needs assessment data, citations must be provided. Preference will be given to applicants who work in identified hotspots or areas where there is a high proportion of overdoses (fatal and nonfatal).



# Evaluation Criteria (pp. 21-24)

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

- Criterion 1: Capacity (Corresponds to Organizational Capacity Section) – 15 points
- Criterion 2: Need (Corresponds to Project Need Section) – 20 points
- Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 50 points
- Criterion 4: Evaluation (Corresponds to Project Evaluation Section) – 10 points
- Criterion 5: Project Budget and Justification – 5 points

**Reference RFA for specific breakdown of points.**



# Successful Packaging



# Proposal Format and Content

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1. Notice of Eligibility and Experience Requirements (Attachment A) (Fillable-Word)
2. Applicant Profile & Abstract (Attachment C) (Fillable-Word)
3. Table of Contents
4. Narrative
  - a. Administrative
  - b. Proposed Work Plan
  - c. Fiscal and Financial Management
  - d. Program Reporting
5. Work Plan Template (Attachment D) (Fillable-PDF)
6. Staffing Plan (Attachment E) (Fillable-PDF)
7. Budget and Budget Justification (Attachment F) (Fillable-Excel)
8. Required Documentation (see RFA pages 14 - 18)
9. Signed Attachments 2 – 8 (Fillable-PDF)



# Work Plan (Attachment D)

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

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

**ATTACHMENT D - WORK PLAN**

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



# Staffing Plan (Attachment E)

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

**ATTACHMENT E - STAFFING PLAN**

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

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

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

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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 OTP and for the project staff will be approved in the grant budget. Provide purpose, destination, and type of travel.
- iv. **Equipment:** Provide the item, quantity, amount, and percent charged to the grant.
- v. **Supplies:** Include the items being requested and rate. Description should also include how the supplies directly support the project.
- vi. **Contractual:** Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate.
- vii. **Other Direct Costs:** List any costs not included in any of the other cost categories.
- viii. **Indirect Costs:** Indirect costs should not exceed 10% of direct costs. 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.





# Advance Payment Form (Attachment G)

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

File Edit View Window Help

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Tools Fill & Sign Comment

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

**Department of Behavioral Health**  
**ADVANCE PAYMENT REQUEST FORM**

**I. GRANTEE AND GRANT IDENTIFICATION**

Organization/Applicant Name: [ ]

RFA No.: [ ]

RFA Title: [ ]

**II. FUNDING AWARD & ADVANCE**

<b>Total Award: \$</b> [ ]	<b>Advance Requested: \$</b> [ ] <small>(Cannot exceed 90 days of the total award)</small>	<b>Percent of Total Award:</b> ( [ ] )%
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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.

[ ]



# Advance Payment

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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.

***Please note: The advance payment for the grant should not exceed 25% of the total grant amount.***



# Letters of Agreement

## SAMPLE LETTER OF AGREEMENT

Date

Speaker's Name  
Address  
City, State Zip

Dear Speaker's Name:

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

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

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Organization Name

\_\_\_\_\_  
Speakers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Speaker's Social Security Number

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

## (No Template Provided)



# Business License

GOVERNMENT OF THE DISTRICT OF COLUMBIA Muriel Bowser, Mayor	Department of Licensing and Consumer Protection Business License Division 1100 4th Street S.W. Washington DC 20024	Date Issued: 6/29/2023 Category: 4002 License#: 400212000353 License Period: 8/1/2022 - 12/29/2024			
<b>BASIC BUSINESS LICENSE</b>					
Billing Name and Address: YOUNG WOMENS PROJECT [REDACTED] WASHINGTON, DC 20009	Premise/Application's Name and Address: THE YOUNG WOMEN'S PROJECT [REDACTED] WASHINGTON, DC 20009	Registered Agent's Name and Address: NADIA MORITZ [REDACTED] #2000 WASHINGTON DC20009			
Owner's Name Corp. Name Trade Name	[REDACTED]				
CofO/HOP#: 188972	SSL: 0234 0836	Zone:	Ward: 1	ANC:	PERM NO.
		UNITS: 1			
General Business		Charitable Services		Charitable Solicitation	
-- THE LAW REQUIRES THIS LICENSE TO BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES --					
				Interim Director: Shirley Kwan-Hui	

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



# Clean Hands Certification

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

Date of Notice: February 12, 2019  
Notice Number: L0900000000

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.

Each applicant must submit a current Clean Hands Certification from the District of Columbia Office of Tax Return. DBH requires that the submitted Clean Hands Certification reflect a date within a thirty-day period immediately preceding the application's submission. Self-Certification is not acceptable.



# IRS 990 FORM (Non-Profits Only)

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



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

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



Department of the Treasury  
Internal Revenue Service

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

DEPARTMENT OF THE TREASURY

Date: JUL 17 2009

Employer Identification Number:  
33-0769905

DLN:  
17053178717029

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

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

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)



# Religious Organizations

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## 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

**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](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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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

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**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.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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**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.

<b>Social security number</b>										
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**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►

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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-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.

*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)

## Calendar Year 2024



# Audited Financial Statements

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

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



# Separation of Duties Policy

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

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



# Board of Directors



**(No Template Provided)**

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

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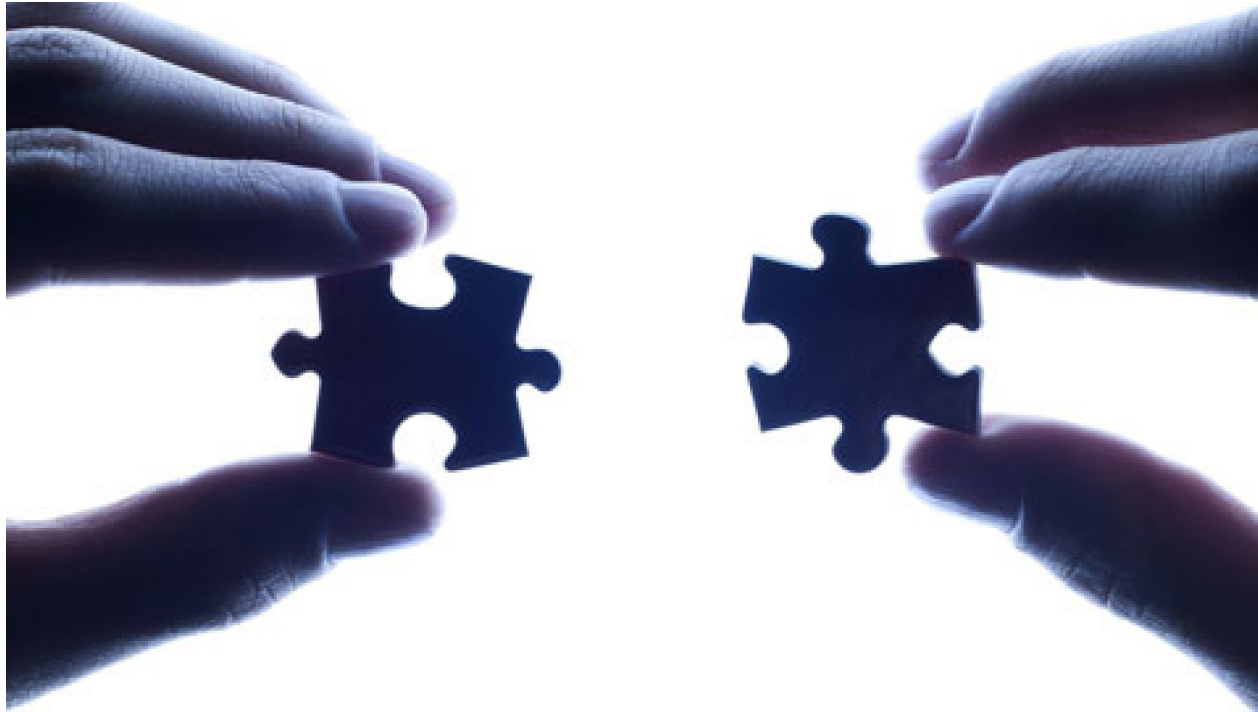


Visit [www.sam.gov](http://www.sam.gov) for more information



# Partner Documents

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

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

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



# Fillable Attachments 1 – 10 (pgs. 46-92)

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1. General Terms and Conditions, pg. 46
2. Assurances, Certifications and Disclosures, pg. 74
3. Program Income and Financial Disclosure, pg. 80
4. DC Contribution and Solicitation Certification, pg. 81
5. Federal Assurances and Certifications, pg. 82
6. Special Term of Award Funding, pg. 87
7. Tax Certification, pg. 88
8. Sub-Grantee Single Audit Certification, pg. 89
9. DBH Grant Terms and Conditions, pg. 90
10. Special Terms of State Opioid Response Funding, pg. 91





# Checklist For RFA Application

## CHECKLIST FOR RFA APPLICATION

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

- Documents requiring signature have been signed by the agency head or **AUTHORIZED** Representative of the applicant's organization.
- The application must have a UEI number to be awarded funds. Go to SAM.gov to apply for and obtain a UEI # if needed.  
(<https://sam.gov/content/home>)(<https://sam.gov/content/home>)
- 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 Requirements" listed in the RFA.
- The proposed budget is complete and complies with the allowable items provided in the RFA. All data is captured using the "Budget and Budget Justification" (Attachment F) provided with the RFA. The budget justifications are complete and describe the items proposed in each category.
- The proposed work plan, staffing plan, Work Plan (Attachment D), Staffing Plan (Attachment E), 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 ET on the deadline of . **Applications will not be accepted late. Applicants are encouraged to submit their applications 24 hours prior to the deadline for any necessary electronic/technical troubleshooting.**

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

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

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



# Application Submission and Deadline

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Applications are Due: **Friday, April 26, 2024** and must be submitted no later than **12:00 P.M. ET**

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

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

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



# Review and Scoring

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

**EMAIL TIME STAMP: 8:29 PM**

**NUMBER OF FILES RECEIVED: 1 PD FILE**

**EMAIL NOTIFICATION ON THIS DATE: 10/01/2023**

**RECEIVED BY: Shelley Baker**

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



# Remember!

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- Read the entire RFA, including the attachments!**
  
- The last opportunity to submit questions is Tuesday, April 23, 2024, 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 and the Submission Requirements.**
  
- 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 **Friday, April 26, 2024**



# Upcoming Key Dates

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**FAQ Submission Deadline:**

**Tuesday, April 23, 2024**

**Application Submission Deadline:  
ET**

**Friday, April 26, 2024, 12:00 p.m.**

**Anticipated Award Start Date:**

**Wednesday, May 15, 2024**



# Program Contact Information

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# Questions

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