



District of Columbia Department of Behavioral Health (DBH)

Pre-Application Conference

RFA No. RM0 DCRR041224



District of Columbia Opioid Response 3 (DCOR3) Grant Opportunity: Recovery Residences with Intensive Care Management for Individuals with Opioid and/or Stimulant Use Disorder

Friday, April 19, 2024 | 12:00 PM – 1:00 PM





Please Note:

Video is your choice...

Please remain on "Mute"

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

Invite people to join you

Add questions . . .





Today's Agenda

Welcome

Presenters

- Petrina Williams, LICSW, LCSW-C
- Renee Evans Jackman, Director, Grants Management

General Information

- Overview, Background, Purpose and Definitions

Award Information

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

Performance Requirement

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

Application Requirements

- Project Narrative
- Evaluation Criteria

Successful Packaging

- Additional/Fillable Attachments

Helpful Information

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

Questions & Answers



Background (pg.11)

In FY23, under initiatives funded by the State Opioid Response (SOR) 2 and 3 grants in the District of Columbia, 527 individuals in recovery for STUD and/or OUD participated in recovery housing. Recovery-oriented housing offers safe living environments that promote safety, recovery, and harm reduction. Therefore, recovery residences are places where consumers fit in, have common experiences, and can be authentic without having to explain their substance use disorder (SUD) or recovery needs.

Recovery residences are increasingly viewed as a viable and cost-effective part of a recovery-oriented system of care. These communities empower individuals by providing support as they transition toward living independent and productive lives in the community. Overall, research shows that participation in recovery residences is associated with a decrease in rates of individuals returning to use and significant increase in recovery outcomes (e.g., sustained abstinence rates, higher rates of employment, etc.).

This RFA represents an essential component of the work the District is doing through LLDC. Specifically, it represents a strategy which is to “Improve the quality and quantity of recovery housing.”



Overview (pg.10)

The Government of the District of Columbia, Adult Services Administration, is soliciting applications from qualified organizations to implement recovery residences while providing intensive care management for individuals with stimulant use disorder (STUD) and/or opioid use disorder (OUD). The District of Columbia Opioid Response (DCOR) 3 grant, guided by LIVE.LONG.DC., the District's Plan to Reduce Opioid Use, Misuse, and Related Deaths (LLDC), is focused on increasing access to medication for opioid use disorder (MOUD), reducing unmet treatment needs, and reducing opioid overdose-related deaths in the District of Columbia through the provision of harm reduction strategies, prevention, treatment, and recovery support services (RSS) to individuals with STUD/OUD. This grant supports LLDC, and one of the strategies (RE.2) is to ***“Improve the quality and quantity of recovery housing.”***



Background (pg.11)

The solicitation includes one (1) application opportunity:

Recovery Residences with Intensive Care Management for Individuals with Opioid and/or Stimulant Use Disorder



Purpose (pgs. 11 and 12)

The purpose of this RFA is to select applicants through a competitive application review process to establish recovery residences for individuals with STUD/OD. Through this grant, these individuals will be provided intensive care management while living in the recovery residence.

Intensive care management includes an assessment of an individual's functional life skills (e.g., personal living skills, social skills, vocational skills and service procurement skills) in order to establish a long-term plan for ongoing recovery.



Source of Grant Funding and Award Funding Available (pgs. 10 and 11)

Source of Grant Funding

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

Award Funding Available

This RFA will **make up to three individual awards** with a ceiling up to \$180,000 over a base award (5 months for FY24).

Each individual grant budget should not exceed \$3,000 per person per month (e.g., \$72,000 for 4 beds [5 month award] or \$180,000 for 10 beds [5 months award]). The \$3,000 does not include start-up costs. Start-up costs for a recovery house that has not been previously established cannot exceed \$40,000. Preference will be given to newly established housing that will expand the number of recovery beds in the District of Columbia.

Performance and Funding Period

The anticipated performance and funding period is **May 15, 2024, through September 29, 2024**. Subsequent to the first 5-month budget period, funding will be awarded in 12-month grant periods for up to four option years. **The number of awards, budget periods, and award amounts are contingent upon the continued availability of funds and recipient performance.**



Eligibility Requirements (pg. 11)

Eligible entities who can apply for grant funds under this RFA must be a community-based organization located in the District of Columbia with at least one year experience providing residential services and supports to those with OUD and/or STUD.



Performance Requirements (pgs. 12-13)

Experience Criteria

Applicants must meet the following criteria:

1. Demonstrate at least one (1) year of experience providing residential services and supports; and
2. Demonstrate the ability to start work within 60 days of award.

Additional Experience Requirements:

1. Demonstrate experience with managing multiple grants or contracts greater than \$100,000.00;
2. Experience managing local (District of Columbia) or Federal grants;
3. Have a functioning accounting system that is operated in accordance with generally accepted accounting principles;
4. Have at least one year of experience providing services to SUD residents; and
5. Experience implementing activities related to providing housing or services to persons with substance use and/or mental health disorders, HIV/AIDS, or low-income individuals.



Target Population (pg. 13)

The target population consists of District of Columbia adult residents (age 21 and older) with a history of STUD or OUD and who are experiencing circumstances that place them at high risk for overdose (e.g., homelessness, prior history of overdoses, illicit drug use, prior history of hospitalization for drug use, etc.) and with limited financial support.



Location of Services (pg.13)

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



Scope of Services (pg. 13)

The services to be provided under the Recovery Residences include the following:

- A. Establish recovery residences using Level III/IV National Alliance for Recovery Residences (NARR) standards.
- B. Show evidence that the recovery residences meet Level III/IV NARR standards including administration, operational, and physical environment.
- C. Establish a screening policy to determine eligibility for the program (i.e., District resident and has an OUD or STUD).
- D. Provide recovery support in all operated recovery residences that are in alignment with Level III/IV NARR standards.
- E. Show evidence of being a good neighbor in alignment with Level III/IV NARR standards for all operated recovery residences (i.e., attendance at neighborhood meetings, responding to complaints from neighbors, have a system in place to get feedback from neighbors).



Scope of Services (pgs. 13-14)

F. Ensure fulfillment of key positions for each residence: Resident Monitor and Care Manager(s).

i. One Resident Monitor lives on site and oversees the day-to-day actions of the resident and earns at least the minimum wage of \$17.00 per hour plus room (**\$17.50 in July**). This role will work directly with the care manager(s) and residents. Individual should have a minimum of one year experience working with individuals with OUD/STUD.

G. Care Manager(s) develops 6-month recovery plans in partnership with residents, provides intensive care management for the residents in a residence, works with the Resident Monitor, conducts room inspections, reviews resident progress, and ensures residents are linked to treatment and recovery support services. Individual(s) should have a minimum of one year experience working with individuals with OUD/STUD.

H. Establish housing policies and procedures that outline the house operations and resident's daily expectations.

I. Partner with STUD/ODU treatment and care management providers in the District of Columbia to screen and recruit residents and create a recruitment plan within two weeks of receiving grant award.

J. Ensure that each residence has only 4 to 10 residents with a designated bedroom (can be shared) that includes a closet, window, and/or partition.

K. Ensure each Recovery Residence promotes harm reduction and includes naloxone on site. Staff and residents must take the online course: Opioid Overdose Prevention & Naloxone Education (Community).

L. Ensure residents receive life skills development and opioid overdose prevention-based training, both individual and group.



Data Collection and Reporting (pg. 14)

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

A. Monthly Reporting: Grantee shall report on grant activities monthly on a form/format prescribed by DBH. Applicants must describe their capacity to accurately capture and report the following key outcomes:

- 1) Identify each house, including address, ward, and phone number. Also, include what level of support exists at each residence according to NARR standards;
- 2) Number of residents in the recovery residence/per month;
- 3) Number of vacancies in each residence/per month;
- 4) Contact person per residence;
- 5) Capacity per residence/per month;
- 6) Number of applications/referrals for admissions per month;
- 7) Number of resident admissions/per month;
- 8) Number of voluntary departures per month;
- 9) Number of residents who returned to using each month;
- 10) Number of individuals provided naloxone training;
- 11) Number and type of RSS offered at each residence/month;
- 12) Number of residents who were referred to DBH recovery support providers and completed RSS; and
- 13) Number of residents who were referred to DBH providers for ongoing SUD.



Data Collection and Reporting (pgs. 14-15)

B. Government Performance Results Act Data (GPR) Collection:

Grantee will collect GPR data for all residents enrolled in SOR-funded services. GPR will be collected at three stages of program involvement: Baseline/intake, follow up, and discharge. Up-to date GPR information and training materials can be found on the link in the RFA.

- 1) **Baseline:** A baseline GPR will be collected as soon as possible, after the resident is officially enrolled in the program. The baseline GPR interview should be conducted no later than three days after enrollment in residential programs and four days after enrollment in outpatient programs. Residents who participate in drop-in or outreach services do not need to participate in GPR interviews and will not count toward an organization's GPR goals.
- 2) **Follow Up:** A follow-up GPR interview should be conducted within the follow-up window (see below). Efforts should be made to complete all follow-up interviews; however, the minimum expectation is 80% of program enrollment. Sample Follow Up Window The image below is an example of the approved follow-up window period. The GPR follow-up interview must be conducted between the 5-month mark and 8-month mark.
- 3) **Discharge:** A discharge GPR should be completed for residents no longer participating in services; however, it is not required for residents discharged less than or equal to seven calendar days from the GPR intake/baseline interview. A face-to-face GPR discharge interview is not required.
- 4) **GPR Submission Deadline:** All GPR interviews must be submitted within five days of the interview date.
- 5) **GPR Communication:** The SOR Data Coordinator will provide monthly notifications to providers regarding GPR submissions (including intakes, follow-up, and discharge data). Providers must review this information monthly and notify the Data Coordinator of discrepancies within five business days of each notification.



Data Collection and Reporting (pg. 15)

C. Annual Reporting

On an annual basis, the grantee will be expected to provide summary data on total (unduplicated) number of residents housed, number and type of recovery supports services provided.

D. Evaluation

The grantee will also complete an evaluation plan. The evaluation plan may be developed in collaboration with DBH upon award.



Project Narrative – Organizational Capacity (pgs. 15-16)

A. Organizational Capacity

Applicants should include the following information to highlight their experience and capacity to establish Recovery Residences in the District:

- i. Describe and demonstrate their experience and capacity to meet the scope of services outlined in this RFA.
- ii. Have among its organizational purposes, significant activities related to providing housing or services to individuals with OUD/STUD; Preference will be given to women only programs.
- iii. Describe the staff who will work on this initiative, including GPRA compliance, particularly the key positions (e.g., Resident Monitor and Care Manager that need to be hired to run or provide oversight of these Recovery Residences.) Staff must have a minimum of one year experience working with those who have OUD/STUD.
- iv. Describe how the program will develop care plans and daily programming for residents.
- v. Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise; and vi. Describe the organization's plan to be fully operational within sixty (60) days of the new grant agreement. vii. Describe the project's long term sustainability plan.





Project Narrative – Project Need continued (pg. 16)

B. Project Need

This section should describe the need for the specific approach outlined in the Project Description. The description should be based on the organization’s own research and data (e.g., describe the unmet need in the community in which the Recovery Residence is to be located) with reference made to publicly available sources of needs assessment data where applicable.



Project Narrative – Project Description (pg. 16)

C. Project Description

Applicants should describe:

- i. The residence(s) planned, including: location, number of individuals to be served and any target population in the District;
- ii. A plan for meeting NARR standards;
- iii. The screening and recruitment process for residents to reside in the house;
- iv. The plan to establish partnerships with DBH-Certified SUD providers; and
- v. What the grant money will be used for (e.g., rent subsidies, staffing, furniture, etc.).



Project Narrative – Project Evaluation (pg. 16-17)

D. Project Evaluation

The applicant must include clear, quantitative goals and objectives for the grant period and present a sound and feasible evaluation plan that is in alignment with Level III or IV NARR standards and meets the goals in this application. The section should describe the applicant’s plan to evaluate the project.

The description should include the proposed targets for the following key grant outcomes:

- i. Number of Recovery Residences;
- ii. Number of residents in each residence opened;
- iii. Compliance with NARR standards;
- iv. Number and type of recovery support services provided;
- v. Government Performance and Results Act (GPRA) data collection for intakes and follow-ups.

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



Project Narrative – GPRA Collection/Project Evaluation (pgs. 16-17)

D. GPRA Collection/Project Evaluation

The applicant should outline the process measures and targets it will use to track services delivered under the grant. The section should describe the infrastructure that will support evaluation activities and GPRA data collection.

The applicant should:

- 1) Document the number of GPRA intakes the grantee expects to complete, based on consumer enrollment.
- 2) Document the number of follow-up GPRAs the grantee projects to complete, based on consumer enrollment. The minimum expectation is 80% of enrollment.
- 3) Document the program activities that support collection of follow-up GPRAs.
- 4) Explain specific steps that will be taken to ensure compliance with the GPRA interview submission deadline.
- 5) Demonstrate the ability to ensure data submission is consistent for all reports (including GPRA, monthly reporting, and narratives).

Note: Data submission must be consistent across all forms of submission.





Evaluation Criteria Overview (pgs. 22-23)

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

- Criterion 1 – Capacity (Corresponds to Organizational Capacity Section) – Total of 35 Points
- Criterion 2 – Need (Corresponds to Project Need Section) – Total of 10 Points
- Criterion 3 – Strategic Approach (Corresponds to Project Description Section) – Total of 30 Points
- Criterion 4 – Evaluation (Corresponds to Project Evaluation Section) – Total of 20 Points
- Criterion 5- Project Budget and Justification – Total of 5 Points

Reference RFA for specific breakdown of points.



Additional / Fillable Attachments (p. 17)

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 (no template provided):

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



Successful Packaging



Proposal Format and Content

1. Notice of Eligibility and Experience Requirements (Attachment A) (Fillable-Word)
2. Applicant Profile & Abstract (Attachment C) (Fillable-Word)
3. Table of Contents
4. Narrative
 - a. Administrative
 - b. Proposed Work Plan
 - c. Fiscal and Financial Management
 - d. Program Reporting
5. Work Plan Template (Attachment D) (Fillable-PDF)
6. Staffing Plan (Attachment E) (Fillable-PDF)
7. Budget and Budget Justification (Attachment F) (Fillable-Excel)
8. Required Documentation (see RFA pages 12 - 18)
9. Signed Attachments 2 – 10 (Fillable-PDF)

Work Plan (Attachment D)

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

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

File Edit View Window Help

Open Create [Icons] 64.3% Tools Fill & Sign

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

ATTACHMENT D - WORK PLAN

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



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 (Attachment F)

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

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW DEVELOPER ACROBAT

Clipboard Font Alignment Number Styles

Normal Bad Good
Check Cell Explanatory ... Hyper

SECURITY WARNING: Content blocked. Enable Content

H180

1 Provide the total proposed project period and funding as follows:							
2 <i>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.</i>							
3 Funding Source: RMQ				Project Title:			
4 Proposed Project Period:		Start Date:	End Date:	Organization:			
6 A. PERSONNEL (SALARY AND WAGES)			2 CFR §200.430(b)		45 CFR §75.400		
7 DESCRIPTION - A. PERSONNEL (SALARY AND WAGES)			CALCULATION				
8 Position	Name	Key Staff	Salary	% Level of Effort (LOE)	Total Salary Cost	Requested Advance	In-Kind Salary Total
9		Choose...			\$ -		\$ -
10		Choose...			\$ -		\$ -
11		Choose...			\$ -		\$ -
12		Choose...			\$ -		\$ -
13		Choose...			\$ -		\$ -
14		Choose...			\$ -		\$ -
15		Choose...			\$ -		\$ -
16		Choose...			\$ -		\$ -
17		Choose...			\$ -		\$ -
18		Choose...			\$ -		\$ -
20 A justification must be provided for each item listed in any category.			REQUEST \$		\$ -	\$ -	\$ -
22 JUSTIFICATION - A. PERSONNEL (SALARY AND WAGES)							

Page 1

Budget and Justification | Extra Space As Needed | Fiscal Worksheet

Project Budget and Justification

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

- i. **Personnel:** Include the title of the position, name (or indicate vacancy), annual salary (cannot exceed \$212,100) and level of effort (percentage of time) dedicated to this project. All proposed salaries must be reasonable and not exceed (1) the local market rates for specific roles, responsibilities, and experience, and (2) the prior salaries paid by the prospective grantee prior to the grant. Proposed salary increases from previously approved budgets or the organization's historical salary payments must be no more than the annual federal cost of living allowance (COLA) unless the Department finds good cause to justify a larger increase. Personnel must only include individuals working directly to provide services to residents of the recovery residences cannot include indirect activities such as accounting and payroll, data monitoring and evaluation, IT support, etc., but those services may be charged to indirect. 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. List any costs not included in any of the other cost categories. The budget should reflect a 12-month budget prorated for a 6-month period. The budget should be based on \$3,000 per person, per month inclusive of all costs including salaries
- 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

Open Create [Icons]

1 / 1 199% [Icons]

Tools Fill & Sign Comment

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

Department of Behavioral Health
ADVANCE PAYMENT REQUEST FORM

I. GRANTEE AND GRANT IDENTIFICATION

Organization/Applicant Name:

RFA No.:

RFA Title:

II. FUNDING AWARD & ADVANCE

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



Letters of Agreement

SAMPLE LETTER OF AGREEMENT

Date

Speaker's Name
Address
City, State Zip

Dear Speaker's Name:

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

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

President's Signature

Date

Student Organization Name

Speakers Signature

Date


Speaker's Social Security Number

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

(No Template Provided)



Business License


GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Muriel Bowser, Mayor

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

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

BASIC BUSINESS LICENSE

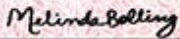
Billing Name and Address: IMAGE CONSTRUCTION LLC ANDREW MCBRIDE 4328 HUGH BENNETT DRIVE ANNANDALE, VA 22003	Premise/Application's Name and Address: IMAGE CONSTRUCTION LLC 4328 HUGH BENNETT DR - ANNANDALE, VA 22003	Registered Agent's Name and Address: LEROY BERKLEY 723 KENNEDY STREET N.W. WASHINGTON DC20011
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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

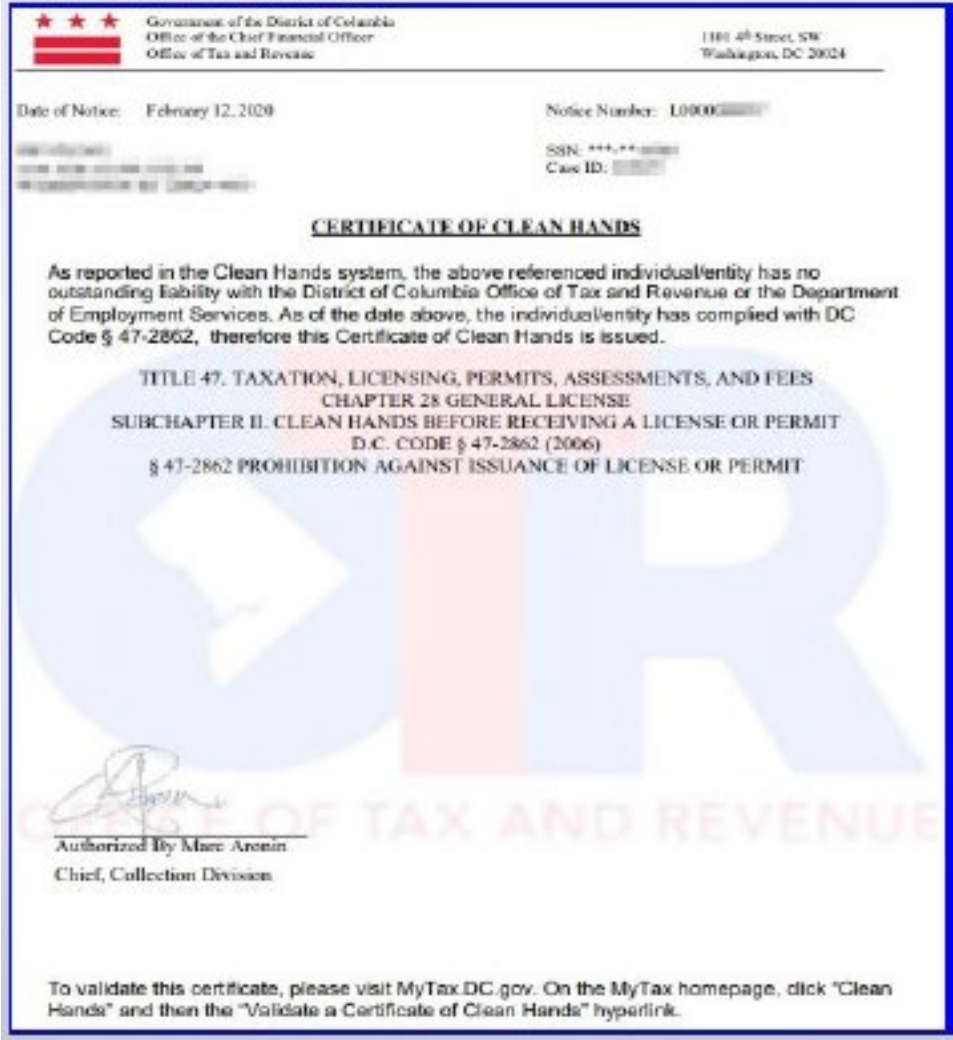
-- THE LAW REQUIRES THIS LICENSE TO BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES --


 Director:
 Melinda Bolling

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



Clean Hands Certification

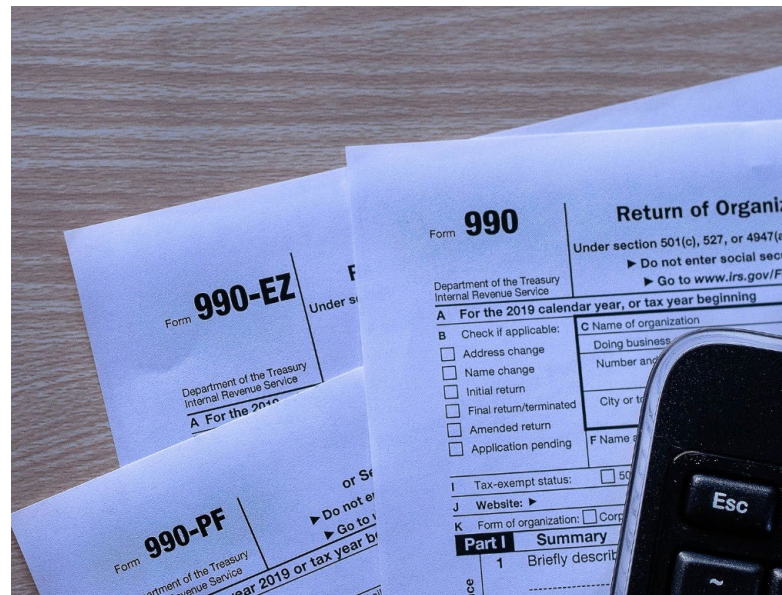


Self-Certification and Certificates of Good Standing will not be accepted.



IRS 990 Form (Non-Profits Only)

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



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

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



Department of the Treasury
Internal Revenue Service

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

DEPARTMENT OF THE TREASURY

Date: JUL 17 2009

Employer Identification Number:
33-0769905

DLN:
17053178717029

Contact Person:
FAITH E CUMMINS ID# 31534

Contact Telephone Number:
(877) 829-5500

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

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

Dear Applicant:

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

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

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

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

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



RELIGIOUS ORGANIZATIONS

Best Evidence of IRS Tax Exemption Examples:

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



IRS W-9 Tax Form

<p>Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service</p>	<p>Request for Taxpayer Identification Number and Certification</p> <p>► Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	<p>Give Form to the requester. Do not send to the IRS.</p>																												
<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>																														
<p>2 Business name/disregarded entity name, if different from above</p>																														
<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ► _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>																													
<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>		<p>Requester's name and address (optional)</p>																												
<p>6 City, state, and ZIP code</p>																														
<p>7 List account number(s) here (optional)</p>																														
<p>Part I Taxpayer Identification Number (TIN)</p> <p>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.</p> <p>Note: 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.</p>																														
		<p>Social security number</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"> </td> <td style="width:25%; height: 20px;"> </td> <td style="width:25%; height: 20px;"> </td> <td style="width:25%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table> <p>OR</p> <p>Employer identification number</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> <td style="width:10%; height: 20px;"> </td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-													-	-	-	-	-	-	-	-	-	-
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<p>Part II Certification</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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. <p>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.</p>																														
<p>Sign Here</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; height: 40px; vertical-align: bottom;">Signature of U.S. person ►</td> <td style="width:40%; height: 40px; vertical-align: bottom;">Date ►</td> </tr> </table>			Signature of U.S. person ►	Date ►																										
Signature of U.S. person ►	Date ►																													
<p>General Instructions</p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>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.</p> <p>Purpose of Form</p> <p>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.</p> <ul style="list-style-type: none"> 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) <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p><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></p>																														
<p>Cat. No. 10231X Form W-9 (Rev. 10-2018)</p>																														

CALENDAR YEAR 2023



Audited Financial Statements

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

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



Separation of Duties Policy

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

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





Board of Directors



(No Template Provided)



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

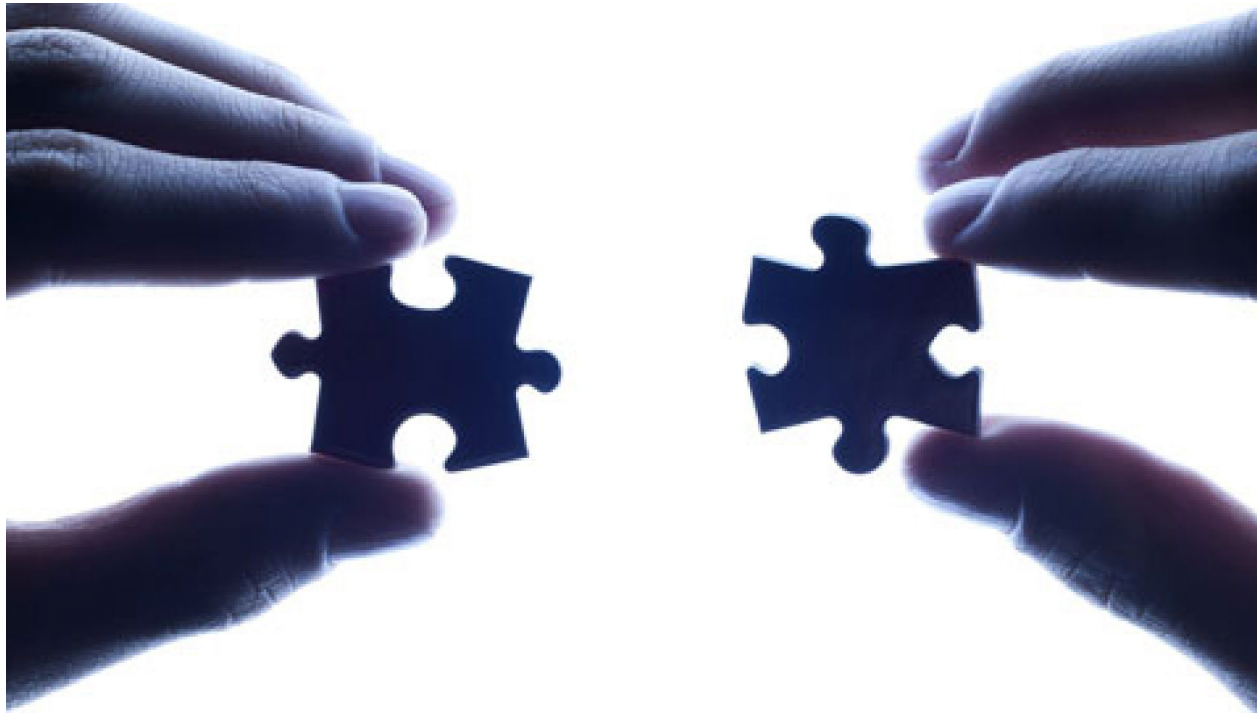


Visit www.sam.gov for more information.





Partner Documents





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

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

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



Fillable Attachments 1 – 10 (pgs. 48-93)

2. Assurances, Certifications and Disclosures, pg. 76
3. Program Income and Financial Disclosure, pg. 81
4. DC Contribution and Solicitation Certification, pg. 83
5. Federal Assurances and Certifications, pg. 84
6. Special Term of Award Funding, pg. 89
7. Tax Certification, pg. 90
8. Sub-Grantee Single Audit Certification, pg. 91
9. DBH Grant Terms and Conditions, pg. 92
10. Special Terms of State Opioid Response Funding, pg. 93



CHECKLIST FOR RFA APPLICATION (p. 8-9)

CHECKLIST FOR RFA APPLICATION

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

- Documents requiring signature have been signed by the agency head or **AUTHORIZED** Representative of the applicant's organization.
- The application must have a UEI number to be awarded funds. Go to SAM.gov to apply for and obtain a UEI # if needed. (<https://sam.gov/content/home>)
- The Project Narrative is typed using the following formats: 8-½ 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. The budget narrative is complete and describes the categories of items proposed.
- The proposed work plan, staffing plan, and any other requested attachments are complete and comply with the forms and format provided in the RFA.
- Submit your application via email to DBH Grants, DBH.Grants@dc.gov by **12:00 PM ET** on the deadline of **Monday, May 01, 2023. Applications will not be accepted late. Applicants are encouraged to submit their applications 24 hours prior to the deadline for any necessary electronic/technical troubleshooting.**

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

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

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

Application Submission and Deadline (p. 21)

Applications 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 (p. 25)

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

EMAIL TIME STAMP: 8:29 PM

NUMBER OF FILES RECEIVED: 1 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!

- Read the entire RFA, including the attachments!**
- The last opportunity to submit questions is Tuesday, April 23, 2024.**
(When emailing questions please copy DBH.Grants@dc.gov)
- Before submitting, review the Checklist found on pages 8-9 and the Submission Requirements found on pg. 25.**
- Have a second reader to review your application before submitting.**
- Don't wait until the last minute to submit!**

Remember!

- ❑ RFA and Attachments can be found on either the Mayor's Office of Community Affairs or Department of Behavioral Health websites:
<https://communityaffairs.dc.gov/content/community-grant-program#4>
<https://dbh.dc.gov/page/request-applications-01>
- ❑ Complete and sign attachments as requested.
- ❑ Email subject line should include RFA # and File #.
- ❑ Applications are to be emailed to DBH.Grants@dc.gov
- ❑ Meet the submission deadline by **Friday, April 26, 2024 at 12:00PM**





Upcoming Key Dates

FAQ Submission Deadline:

Tuesday, April 23, 2024

Application Submission Deadline:

**Friday, April 26, 2024
by 12:00 PM ET**

Anticipated Award Start Date:

Monday, May 15, 2024





Program Contact Information

Petrina Williams, LICSW, LCSW-C

**Acting Project Coordinator, State
Opioid Response (SOR)**

Petrina.Williams@dc.gov

Clinton Perrow

Fiscal Management Office

Clinton.Perrow@dc.gov

Renee Evans Jackman

Grants Management Office

(202) 673-3536

renee.evans@dc.gov



QUESTIONS ?