

Pre-Application Conference, RFA No. RM0 CAP081624

Community Approaches to Prevention (CAP)
Thursday, August 22, 2024 | 12:00 – 1:00PM



For attendance purposes, please use the chat function to type and send:

- 1. Name**
- 2. Organization, and**
- 3. Email Address**

Thank you! We will be starting momentarily.



Today's Agenda

Welcome

Presenters

- Yasir Shah, Grants Specialist
- Bruce Points, Interim Prevention Services Manager
- Elyshe Voorhees, Public Health Analyst

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
- Project Attachments
- Additional Attachments

Evaluation Criteria

Helpful Information

- Key Dates, RFA Checklist, Tips and Contact Info

Questions & Answers



Overview (pg. 10)

The goal of this funding is to promote the prevention of substance use and misuse among high risk youth between ages 12 and 25 through the identification, selection and implementation of appropriate evidence-based interventions and environmental strategies (Attachment H). DBH will fund eight (8) CAP grantees with a proven track record of engaging at risk and high risk populations. The geographical location and coverage area for this funding opportunity include one (1) organization per ward within the eight wards of the District of Columbia. Organizations must have a physical office location within the ward(s) they are proposing to serve.

This solicitation includes one (1) competition with eight (8) application opportunities.

No mini-grants or sub-grants are permitted for any entity that is awarded funding under this RFA.



Background (pg. 11)

DBH supports specific prevention approaches that are designed to strengthen communities as places where children and youth are safe, connected in positive ways to others, and supported by involved responsible adults. It also involves developing and strengthening the capacity of the District's prevention provider network to meet the challenging substance use disorders (SUD) prevention needs within the eight (8) Wards and 120 neighborhoods.

This RFA provides funding for eligible applicants located throughout the District of Columbia's eight (8) wards identified as Community Prevention Networks (CPNs), community-based organizations, and/or non-profit organizations focused on substance use prevention, to develop and implement a combination of an evidence-based intervention and environmental strategies (from the list provided in Attachment H) to prevent and/or delay the onset of alcohol, tobacco and other drug use.



Definitions (pgs. 13-14)

1. **Youth & Transitional Age Youth** defined as persons aged 12 through 25.
2. **Prevention** is defined as creating conditions for healthy individuals, families, and communities to reduce risk of and increase protection from ATOD use among youth.
3. **Evidence Based Interventions** are strategies that show evidence of positive outcomes based on peer-reviewed randomized controlled trials or other equivalent strong methodology. These strategies have been rigorously evaluated and provide the strongest evidence of efficacy.

Definitions cont'd. (pgs. 13-14)

4. **Environmental Strategies** are prevention approaches which are tailored to local community characteristics and address the root causes of risky behaviors by creating environments that make it easier to act in healthy ways.
5. **Risk and Protective Factors** predict an increased likelihood of substance use or abuse and other problem behaviors, whereas protective factors help buffer those risks. Prevention science has identified key risk factors and classified them under four domains: community, family, individual/peer, and school.

Award Information (pg. 11)

- **Source of Grant Funding:** This grant opportunity is supported by funding from the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Substance Abuse Block Grant American Rescue Plan Act supplemental funding
- **Award Funding Available:** This RFA will make available a total of \$800,000 to fund eight (8) organizations in the amount up to \$100,000 each.
- **Performance and Funding Period:** The anticipated performance and funding period is October 1, 2024 – September 29, 2025. Subsequent to the first 12 month budget period, funding may be awarded for up to one (1) option year. The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and the recipient performance.



Eligibility Requirements (p. 11)

- Eligible organizations are non-profit, community-based organizations and/or current CAP grantees who have either their own established physical presence (office location, program activities, etc.) or a close partnership with an organization with an established physical presence (office location, program activities, etc) in any Ward 1 - 8.
- ***Current DC Prevention Centers and/or parent company are not eligible, as the focus is on encouraging and building the capacity of more micro-level efforts and neighborhood-based grassroots prevention efforts in smaller communities within wards.***



Performance Requirements (pgs. 14)

Experience Criteria:

- Organizations with experience in addressing community and public health, substance use, mental health and behavioral health issues, in the District of Columbia, particularly in the proposed wards.
- Applicants should have the capacity to employ one (1) Full Time Equivalent (FTE) employee as Program Manager or Project Director to engage program participants and the community when implementing the DBH approved work plan.
- Demonstrable experience working with at-risk and high risk individuals between the ages of 12-25.



Performance Requirements, cont'd (pgs. 14)

Target Population:

- **Primary:** Youth and Transitional Aged Youth between the ages of 12-25 residing in proposed wards.
- **Secondary:** Secondary: Parents and caregivers and/or influencers of the primary population residing in proposed wards.

Location of Services:

- Applicants must have a physical location in the District of Columbia and shall serve a minimum of two neighborhoods within their proposed wards in Washington, D.C

Scope of Services:

- Each applicant is expected to identify, select, and implement a minimum of two iterations of an appropriate evidence-based intervention and a minimum of one environmental strategy [from the options provided in Attachment H and approved by DBH].



Application Requirements (pgs. 15-20)

Project Narrative (**must not exceed 6 pages**)

A. Organizational Capacity (up to 1 page)

This section should provide information and data that demonstrates the applicant's capacity to implement the grant activities. Applicant should discuss mission and compatibility between your organization and the CAP program.

B. Project Need (up to 2 pages)

This section should discuss the applicant's approach to processes and outcomes for evaluation of program deliverables within the proposed work plan

C. Project Description (up to 2 pages)

This section should align to the Work Plan (Attachment D) and provide a description on how the applicant will successfully achieve the goals of the grant. Furthermore, this section should discuss the process the applicant will use to meet all requirements in the Scope of Work

D. Project Evaluation (up to 1 page)

This section should discuss the applicant's approach to processes and outcomes for evaluation of program deliverables within the proposed work plan



Project Attachments, (pgs. 16-20)

(not counted in page limit)



Abstract

A **one-page** project abstract is required (see Attachment C, page 30,).) Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the “Project Narrative”.

Include the following sections:

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

Work Plan

The work plan template (see **Attachment D**) provided by DBH is required. The work plan describes key activities and tasks to successfully deliver the (program/effort) scope of services and aligns with the Project Description narrative under Application Requirements. The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

Attachment D

WORK PLAN					Fiscal Year XX												
Objectives	Actions/Activities	Results	Person(s) Responsible	Duration	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Goal 1: Description: State clearly the goal your program/project will pursue to address the issues listed below.																	
Objective 1.1: Description: Provide key activity which will directly contribute to the project goal.	Directions: State the key action to be implemented in current and future years.	Directions: List the results you expect to achieve within the activity for the goal identified.	Directions: Indicate the staff member, group, or other person responsible for measuring the activity (e.g., number of clients, etc.).	Directions: Indicate the duration of the activity (e.g., weeks, 2 months, 3 years, etc.).													
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Staffing Plan

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

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

- The staffing plan should describe staff duties, qualifications, and the percent of time to be spent on project activities, and whether the time will be charged to the grant.
- The plan should clearly indicate which staff positions will need to be hired. Staff CVs, resumes, and position descriptions shall be submitted and will not count towards the page limit.

Project Budget and Justification (pg. 17)

Project Budget and Justification

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

The budget should reflect a 12-month period. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the 12-month grant period.

Restrictions:

No mini-grants or sub-grants are permitted for any entity that is awarded funding under this RFA.

Salary and Fringe should not exceed more than 50% of the overall budget.

Staffing must include one (1) Full Time Equivalent (FTE) employee as Program Manager or Project Director to engage program participants and the community when implementing the DBH approved work plan.



Project Budget and Justification, cont'd

The application should include a project budget (see Attachment F) with justification using the provided template. The project budget and budget justification should be directly aligned with the work plan and project description.

- 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 this grant and 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.



Project Budget and Justification(cont'd)

- VI. Contractual:** Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate.
- VII. Other Direct Costs:** List any costs not included in any of the other cost categories.
- VIII. Indirect Costs:** Indirect costs should not exceed 10% of direct costs, unless the organization has a negotiated indirect cost rate agreement.
Please see page 18 for more information on indirect costs calculation.
- IX. Program Income:** If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.



Project Budget and Justification (Attachment F)

Department of Behavioral Health Detailed Project Budget and Narrative Justification

Provide the total proposed project period and funding as follows:								
This form is used to apply to DBH grant programs, as it explains how costs were estimated and justifies the need for the cost. This narrative includes descriptive tables for clarification purposes. Applicants must submit budgets based upon the total estimated costs for the project including all known funding sources. Applicants should also refer to 2 CFR § 200, (Uniform Administrative Requirements, Subpart E - Cost Principles, and Audit Requirements for Federal Awards), and 45 CFR § 75 (Administrative Requirements & Cost Principles) cited within these instructions.								
Funding Source: RFA RM0 MAX082522				Project Title: Operation Streamline Processes				
Proposed Project Period:		Start Date: 10/1/2022		End Date: 9/30/2023				
A. PERSONNEL (SALARY AND WAGES)		2 CFR §200.430(b)		45 CFR §75.400				
2 CFR §200.430(b) Compensation - Personal Services								
DESCRIPTION - A. PERSONNEL (SALARY AND WAGES)				CALCULATION				
Position	Name	Key Staff	Annual Salary	% Level of Effort (LOE)	Total Salary Cost	Requested Advance	In-Kind Salary Total	
Project Director	John Doe	Yes	\$ 64,890.00	45%	\$ 29,200.50	\$ 10,000.00	\$ -	
Grant Manager	Scrooge McDuck	Yes	\$ 55,000.00	55%	\$ 30,250.00	\$ 10,000.00	\$ -	
Program Director	Julie Doe	Yes	\$ 60,000.00	100%	\$ 60,000.00	\$ 15,000.00	\$ -	
Community Outreach Specialist	Vacant	Yes, In-Kind	\$ 35,000.00	100%	\$ 35,000.00		\$35,000.00	
	Choose...				\$ -		\$ -	
	Choose...				\$ -		\$ -	
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A justification must be provided for each item listed in any category.					REQUEST	\$ 154,450.50	\$ 35,000.00	\$ 35,000.00
JUSTIFICATION - A. PERSONNEL (SALARY AND WAGES)								
<p>(1) The Project Director will provide daily oversight of the grant and will be considered key staff.</p> <p>(2) The Program Director will coordinate project services and project activities, including training, communication and information dissemination.</p> <p>(3) The Grant Manager will provide necessary guidance to staff for services under this project.</p> <p>(4) The Community Outreach Specialist will be provided in-kind by Street Works! Organization and will be responsible for connecting all 8 Wards of DC.</p>								

Advances

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). The amount **can not exceed 25%** of the total grant amount.

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.



Advance Payment Request Form Template (Attachment G)

Department of Behavioral Health ADVANCE PAYMENT REQUEST FORM		
I. GRANTEE AND GRANT IDENTIFICATION		
Organization/Applicant Name:		
RFA No.:		
RFA Title:		
II. FUNDING AWARD & ADVANCE		
Total Award: \$	Advance Requested: \$ <small>(Cannot exceed 90 days of the total award)</small>	Percent of Total Award: () %
1. An applicant responding to a RFA shall identify in the application the need for an advance payment and acknowledge that, if selected, provide the information requested as part of the advance payment request. 2. The advanced funds shall be spent by the awarded grantees within the same DC Government fiscal year during which the advance is made. 3. Only one advance payment can be made per grant each fiscal year. If the awarded requests a second advance for a subsequent fiscal year, each advance shall be reviewed for approval. 4. The use of an advance payment shall be consistent with all terms and conditions of the grant.		
III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE If attached separately, it must be signed by the representatives identified in section V of this form.		
IV. TERMS AND CONDITIONS		
The applicant must submit a statement of need for the specified amount of advance payment (please attach and sign).		
The applicant must submit documentation of the use of advanced funds (Invoices, receipts, payroll documentation, etc.) to the DBH grant project director and/or fiscal monitor before the end of the grant performance period, or sooner, if explicitly requested by the DBH grant project director. The approved awardee must use the advanced funds in accordance with all the terms and conditions of the grant award.		
Identify the type of documentation that will be submitted to verify the use of the advance funds, as required by the RFA:		
<input type="checkbox"/> Receipts <input type="checkbox"/> Paid Invoices <input type="checkbox"/> General ledger accounts <input type="checkbox"/> Cancelled checks <input type="checkbox"/> Other _____		
The DBH grant project director will withhold the final reimbursement payment equal to the amount advanced or up to 25% of the grant award (whichever is higher) until documentation supporting use of the advance payment is received from the grantees.		
V. SIGNATURES OF AUTHORITY		
I certify that I am the <u>Executive Director</u> of the applicant organization and am authorized to submit this Advance Payment Request on behalf of the applicant.		
Signature:		Date:
Print Name:		Title:
I certify that I am the <u>Chairperson of the Board of Directors</u> of the applicant organization and am authorized to submit this Advance Payment Request on behalf of the applicant.		
Signature:		Date:
Print Name:		Title:
VI. THIS SECTION IS FOR DBH APPROVAL ONLY		
Notification of need for the advance payment was included in the original application <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approved Advanced Amount: \$		
Project Director Approval Signature:	Print Name:	Date:
Deputy Director Approval Signature:	Print Name:	Date:
Initial the checkbox below to acknowledge advanced payment approval.		
<input type="checkbox"/> Grants Management Division	Print Name:	Date:
<input type="checkbox"/> Administrative Services Manager	Print Name:	Date:
<input type="checkbox"/> Office of the Chief Financial Officer	Print Name:	Date:

Business License

The applicant must submit a current business license with Active Charitable Solicitation and Certificate of Occupancy, issued by the District of Columbia Department of Licensing and Consumer Protection.

If the applicant does not have a current license, a copy of the business license application and receipt filed no later than the due date of the grant application may be submitted.

Clean Hands Certification

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

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

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

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



Example of Clean Hands Certification

☆☆☆ Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue 1101 4th Street, SW
Washington, DC 20024


Date of Notice: February 12, 2020 Notice Number: L09000000000000000000

SSN: ***-**-****
Case ID: 00000000000000000000

CERTIFICATE OF CLEAN HANDS

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

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


Authorized By Marc Arenin
Chief, Collection Division

To validate this certificate, please visit [MyTax.DC.gov](https://mytax.dc.gov). On the MyTax homepage, click "Clean Hands" and then the "Validate a Certificate of Clean Hands" hyperlink.

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

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

The applicant must submit the organization's 990 form from the most recent tax year. Please see <https://www.irs.gov/forms-pubs/about-form-990> for more information.



IRS W-9 Tax Form

If the applicant is not a current vendor (receiving funding) from the Department of Behavioral Health submit a completed W-9 form. The form can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

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

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

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

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

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=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.
☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2).
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

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

6 City, state, and ZIP code

7 List account number(s) here (optional)

8 Requester's name and address (optional)

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

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

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

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



Audited Financial Statements

If the applicant has undergone an audit or financial review, it must provide the most recent audited financial statements or reviews.

If audited financial statements or reviews are not available, the applicant must provide the Organizational Budget, Income Statement (Profit and Loss Statement) and 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 must state how the organization separates financial transactions and duties among people within the organization in order to prevent fraud or waste.

This may be a statement that already exists as a formal policy of the organization, or the applicant may create the statement for purposes of the application.

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

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



Board of Directors

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

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



Unique Entity ID

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

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

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

Visit www.sam.gov for more information.



Partner Documents

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



Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation

The applicant must provide in writing the name of all its insurance carriers and type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, worker's compensation insurance carrier), fidelity bond holder (if applicable), and before execution of the grant award, a copy of the binder or cover sheet of the current policy for any policy that covers activities that might be undertaken in connection with performance of the grant award, showing the limits of coverage and endorsements.

All policies, except the Worker's Compensation, Errors and Omissions, and Professional Liability policies that cover activities that might be undertaken in connection with the performance of the grant award.



Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation

All policies, except the Worker's Compensation, Errors and Omissions, and Professional Liability policies that cover activities that might be undertaken in connection with the performance of the grant award shall contain additional endorsements naming the Government of the District of Columbia and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the grant award. The applicant shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

Please see Insurance section under General Terms and Conditions.



Additional Attachments

(not counted in page limit)



Attachments A, B and C (pgs. 28-30)

- A. Notice of Eligibility and Experience Requirements
- B. Intent to Apply Notification – due Friday, August 23, 2024 to DBH.Grants@dc.gov
- C. Applicant Profile



Attachments 1 – 9 (pgs. 46 -91)

1. DBH General Terms and Conditions, pg. 47
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 Terms of Award Funding, pg. 87
7. Tax Certification, pg. 88
8. Sub-Grantee Single Audit Certification, pg. 89
9. DBH Grant Terms and Conditions (Form), pg. 90



Evaluation Criteria (p. 20-22)

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

Criterion 1: Capacity (Corresponds to Organizational Capacity Section) – 10 points

Criterion 2: Need (Corresponds to Project Need Section) – 25 points

Criterion 3 : Strategic Approach (Corresponds to Project Description Section) – 35 points

Criterion 4: Evaluation(Corresponds to Project Evaluation Section) – 10 points

Criterion 5: Project Budget and Justification – 20 points

For more information on Review and Scoring of Application see pgs. 22-23



Helpful Information



Key Dates (p. 10)

- Notice of Funding Announcement Date: Friday August 16, 2024
- Request for Application Release Date: Friday August 16, 2024
- **Letter of Intent Due Date: Friday August 23, 2024**
- Pre-Application Conference Date: Thursday August 22, 2024
12:00 PM - 1:00 PM ET
- Application Submission Deadline: **Friday August 30, 2024
no later than 12:00 PM ET**
- Anticipated Award Start Date: Tuesday, October 1, 2024



CHECKLIST FOR RFA APPLICATION (p. 8-9)

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

- ☐ Documents requiring signature have been signed by the agency head or **AUTHORIZED** Representative of the applicant's organization.
- ☐ The application must have a UEI number to be awarded funds. Go to SAM.gov to apply for and obtain a UEI # if needed. (<https://sam.gov/content/home>)
- ☐ The Project Narrative is typed using the following formats: 8-½ 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 October 31, 2022. **Applications will not be accepted late. Applicants are encouraged to submit their applications 24 hours prior to the deadline for any necessary electronic/technical troubleshooting.**

- ☐ 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)

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

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



Tips

- Read the RFA!
- 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
- Meet the submission deadline of **no later than Friday August 30, 2024 at 12:00PM**
- Applications are to be emailed to DBH.Grants@dc.gov
- Email subject line should include RFA # and File #.
For example, RM0 CAP081624, File #1 (*see page 22 for more information on application submission*)



Agency Contact Information (p. 27)

Program Contacts

Yasir Shah (main point of contact
for this funding effort)

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Manager

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Questions

