

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

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**Pre-Application Conference  
RFA No. RMO SBH 102723**



**School Based Behavioral Health Services  
Comprehensive Expansion (Pilot 1B)  
October 31, 2023, 1pm to 2pm**



# Today's Agenda

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## Welcome

## Presenter

- Charneta C. Scott, Ph.D.

## 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. 12)

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The Government of the District of Columbia, Department of Behavioral Health, Child and Youth Services Administration, is soliciting applications from qualified DC public charter schools to hire a full-time licensed clinician to implement the Comprehensive School Behavioral health model.

The purpose of the Comprehensive School Behavioral health model is to provide school-based behavioral health services in District of Columbia Public Charter Schools (DCPCS).

A DC public charter school may apply to hire and place a full-time licensed clinician in their school.

The school shall be responsible for the implementation of services within the Comprehensive School Behavioral Health model. Core funding includes Clinician's cost of salary and a portion of a supervisor's salary. For FY24, the amount provided is  $\$63,153 + \$16,666.67 = \$79,819.67$ . For FY24, there is additional core funding of \$1,000 for workforce development (funds must be used to support clinicians with paying for licensure application or application fees, exam test prep classes, obtaining Continuing Education Units, and/or paying for specific training). For FY24, there is one-time funding totaling \$8,546.55 to increase the amount of funds for salaries to recruit new and retain licensed behavioral health providers.

The total amount for FY24 is \$89,366.22. This is for a full-time clinician providing 40 hours per week in one school. Funds will be prorated based on when the award is made and when the clinician is hired and on-boarded.



# Background (pg. 15)

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Over the past years, Mayor Muriel Bowser has invested funding through DBH to expand into all DC public and public charter schools. Grant funds will support clinicians in providing interventions and supports integral to a multi-tiered school-based behavioral health program, including but not limited to teacher and parent consultation; whole classroom delivery of evidence-based manualized curriculum; social skills-building and problem-solving groups; school team meetings; care coordination, and crisis management. Each school will also be provided funding to support a portion of the supervisor's salary.



## Background, cont'd (pgs. 14-15)

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According to the U.S. Department of Health and Human Services, one in five children and adolescents experience a behavioral health problem during their school years. And, it is recognized that most children and youth spend much of their time at school and it is in this natural setting that there is an opportunity to reach many students with behavioral health related prevention, early intervention, and treatment services. The services of a school-based behavioral health program offer a layered multi-tiered array of services that provide a foundation of services for all students, focused interventions for some students at high risk for behavioral health problems; and intensive services for the few that require that level of service and support. School behavioral health programs support the learning mission of schools through a focus on reducing the barriers to learning. Although there is nationally a growing and unmet need for behavioral health services for children and youth, of those who receive help, nearly two-thirds do so only at school.



## Purpose (pg. 16)

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DBH will allocate funding to develop and further expand the District's Comprehensive School-Based Behavioral Health System in the District's schools that have been identified as the Cohort schools based on behavioral health indicators. The school-based behavioral health services will be aligned with the behavioral health unmet needs/gaps within the school. And, the array of services include prevention, early intervention and treatment. The selected schools will participate in a Community of Practice (CoP) collaborative framework to leverage school, provider, and agency expertise around successful interventions, provide opportunities to learn and adopt additional evidence-based practices, and help both schools and providers build capacity to increase collaboration and coordination. Additionally, the selected schools will participate in the overall evaluation of the implementation.

This RFA focuses on DC public charter schools that:

- a. have not been partnered with a Community Based Organization (CBO) through the School Behavioral Health Program or
- b. have been partnered with a CBO yet have had a clinician vacancy for 12 months or more as of 9/30/2023 or
- c. have had a CBO partnership disruption.



# Definitions (pg. 15)

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**Community Based Organization (CBO)** – a provider agency within the behavioral health sector designed to provide prevention, early intervention, treatment, and continuity of care in communities, addressing community needs and positively impacting population health.

**Comprehensive School Behavioral Health Model** – is a coordinated behavioral health framework designed to create a positive school culture that promotes mental wellness and provides timely access to high quality services for children, youth, and their families. The model uses a public health model approach as its organizing framework of promotion and primary prevention for all; focused group/individual interventions for some; and intensive support for few.

**Comprehensive School-Based Behavioral Health System** – a strategic collaboration between school personnel, community behavioral health providers, students and families to create a positive school culture that provides timely access to high-quality, reliable supports for children, youth, and their families. Teams offer a full array of trauma-informed, culturally-responsive, evidence-based tiered interventions to promote wellness, identify challenges early, and offer treatment services when necessary so that all children and youth succeed and thrive.



# Definitions (pg. 15)

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**Behavioral Health Coordination Team** – comprised of representatives from all health-related Organizations in the school and appropriate school health personnel. Team lead will be assigned by principal. Team is responsible for ensuring data and updates are provided to DBH to inform the School Behavioral Health Coordinating Council.

**Fiscal Year** – the District Government’s fiscal year runs from October 1– September 30.

**Continuous Quality Improvement (CQI)** – ensures a data-driven program implementation process.





# Award Information (pg. 13)

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- **Source of Grant Funding:** Funding is made available under the District of Columbia Fiscal Year 2024 (FY24) Budget Support Act of 2024.
- **Award Funding Available:** This RFA will make available \$4,200,212.34 for FY24 (for up to 47 awards).
- **Performance and Funding Period:** The anticipated performance and funding period is December 18, 2023 – September 30, 2024. Subsequent to the ten (10) month budget period, funding will 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's performance.*



# Eligibility Requirements (pgs. 13-14)

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1. DC public charter schools that:
  - a) have not been partnered with a Community Based Organization (CBO) through the School Behavioral Health Program or
  - b) have been partnered with a CBO yet have had a clinician vacancy for 12 months or more as of 9/30/2023 or
  - c) have had a CBO partnership disruption.
2. Eligible to participate in District-funded programs (not debarred) as evidenced by an exclusion verification;
3. Located within the District of Columbia; and
4. Agree to use these funds to supplement and not supplant existing behavioral health services.



# 47 Eligible Schools for Pilot (1 B) (pgs. 13-14)

(as of October 4, 2023)

BASIS DC - PUBLIC CHARTER SCHOOL  
BRIYA PCS  
CEDAR TREE PCS  
ELSIE WHITLOW STOKES COMMUNITY FREEDOM PCS - BROOKLAND  
ELSIE WHITLOW STOKES COMMUNITY FREEDOM PCS - EAST END  
FRIENDSHIP PCS - ARMSTRONG ELEMENTARY SCHOOL  
FRIENDSHIP PCS - ARMSTRONG MIDDLE SCHOOL  
FRIENDSHIP PCS - BLOW PIERCE ELEMENTARY SCHOOL  
FRIENDSHIP PCS - COLLEGIATE ACADEMY  
FRIENDSHIP PCS - SOUTHEAST ELEMENTARY SCHOOL  
FRIENDSHIP PCS - SOUTHEAST MIDDLE SCHOOL  
HOPE COMMUNITY PCS - TOLSON  
HOWARD UNIVERSITY MIDDLE SCHOOL OF MATHEMATICS AND SCIENCE PCS  
KINGSMAN ACADEMY PCS  
KIPP DC - VALOR ACADEMY PCS  
KIPP DC - WILL ACADEMY PCS  
MAYA ANGELOU PCS - HIGH SCHOOL  
MERIDIAN PCS ELEMENTARY & MIDDLE SCHOOL  
MONUMENT ACADEMY PCS  
MUNDO VERDE BILINGUAL PCS - J.F. COOK  
ROCKETSHIP PCS - RISE ACADEMY  
THE SOJOURNER TRUTH SCHOOL PUBLIC CHARTER SCHOOL  
WASHINGTON LATIN PUBLIC CHARTER SCHOOL - ANNA JULIA COOPER  
CAMPUS MIDDLE SCHOOL  
APPLETREE EARLY LEARNING CENTER PCS - COLUMBIA HEIGHTS  
APPLETREE EARLY LEARNING CENTER PCS - DOUGLAS KNOLL

APPLETREE EARLY LEARNING CENTER PCS - LINCOLN PARK  
APPLETREE EARLY LEARNING CENTER PCS - OKLAHOMA AVENUE  
APPLETREE EARLY LEARNING CENTER PCS - PARKLANDS AT THEARC  
APPLETREE EARLY LEARNING CENTER PCS - SOUTHWEST  
APPLETREE EARLY LEARNING CENTER PCS - SPRING VALLEY  
BREAKTHROUGH MONTESSORI PUBLIC CHARTER SCHOOL  
CARLOS ROSARIO INTERNATIONAL PUBLIC CHARTER SCHOOL  
CENTER CITY PCS - CAPITOL HILL ELEMENTARY AND MIDDLE SCHOOL  
CENTER CITY PCS - CONGRESS HEIGHTS ELEMENTARY AND MIDDLE SCHOOL  
CENTER CITY PCS - SHAW ELEMENTARY AND MIDDLE SCHOOL  
CENTER CITY PCS - TRINIDAD ELEMENTARY AND MIDDLE SCHOOL  
DC WILDFLOWER PCS - THE RIVERSEED SCHOOL  
E.L. HAYNES PCS ELEMENTARY SCHOOL  
ROCKETSHIP PCS - INFINITY COMMUNITY PREP  
SELA PCS  
THE FAMILY PLACE PUBLIC CHARTER SCHOOL  
TWO RIVERS PCS AT 4TH STREET  
TWO RIVERS PCS AT YOUNG ELEMENTARY SCHOOL  
WASHINGTON YU-YING PCS  
YOUTHBUILD DC PUBLIC CHARTER SCHOOL  
THURGOOD MARSHALL ACADEMY PCS  
WASHINGTON LEADERSHIP ACADEMY PCS



# Performance Requirements (pg. 17)

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## Experience Criteria:

1. Be committed to implementing school-based prevention, early intervention and treatment services based upon the needs of the school.
2. Be able to quickly recruit and hire licensed clinicians who are dedicated to providing culturally and linguistically competent services to children and their families.
3. Committed to participating in all Community of Practice and evaluation activities.
4. Have the supervisory capacity to supervise the prevention, and early intervention and treatment services within the comprehensive school behavioral health model.
5. Be able to collect and report utilization, outcome data, and supervision activities. Provide data reports weekly, monthly, quarterly, annually and as needed.
6. Comply with all DBH reporting requirements.



# Performance Requirements, cont'd (pg. 17)

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**Target Population:** The target populations will include students in traditional DC Public Charter Schools.

**Location of Services:** Services associated with this grant must take place in the District of Columbia. While most services will be provided onsite in a school building, clinicians may need to be flexible as some education may be implemented online or in the home setting.

**Scope of Services:** Clinicians shall provide school-based behavioral health services that are aligned with the Public Health Model which include prevention, early intervention and treatment. Examples of prevention and early intervention include but are not limited to: teacher and parent workshops, whole classroom delivery of evidence-based manualized curriculums, and small groups such as social skills building and problem-solving groups. Services to be provided under the School-Based Behavioral Health Services Comprehensive Expansion (Pilot 1 B) project/effort.



# Scope of Work - *Core Functions*: (pgs. 17-18)

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## Clinician Responsibilities:

- Provide school-based behavioral health services that are aligned with the behavioral health unmet needs/gaps within the school. The array of services shall include prevention, early intervention and treatment. The provision of services requires the clinician to be a full-time employee. In addition, clinicians will provide interventions and supports integral to a multi-tiered school-based behavioral health program, including but not limited to teacher and parent consultation; whole classroom delivery of evidence-based manualized curriculums; social skills building and problem-solving groups; school team meetings; care coordination; and crisis management;
- All new clinicians and supervisors will attend the SBHP 101 training within the first 90 days of hire.
- Clinicians will actively participate in the Community of Practice.
- Clinicians are expected to follow their agencies policies regarding confidentiality and release of information, and any associated District laws and DBH policies as they pertain to behavioral health services.



# Scope of Work - *Core Functions, cont'd*: (pgs. 17-18)

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## Clinician Responsibilities:

- Clinicians are active members who participate in their school's Behavioral Health Team.
- Clinicians actively participate in the School-centric Assessment and development of the School Strengthening Work Plan.
- Clinicians carry a caseload as agreed upon by school administrator/designee and clinical supervisor of the licensed clinician.
- Clinicians shall provide culturally responsive and linguistically competent services.
- Clinicians shall complete the Daily Activity Tracker and provide a monthly caseload report in Quickbase.
- Clinicians shall complete an initial Child and Adolescent Functional Assessment Scale (CAFAS)/ Preschool and Early Childhood Functional Assessment Scale(PECFAS) outcome tool for each child or youth on the treatment caseload. Follow-up assessments must be completed every 90 days and at discharge.
- Clinicians shall participate in evaluation activities (e.g., focus group participation, surveys) as identified by DBH and outside evaluator.



# School Behavioral Health Benchmarks: (pg. 18)

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Each School Behavioral Health Program (SBHP) Provider will partner with the school behavioral health team to develop the school-centric assessment and School Strengthening Work Plan for the school to incorporate the following:

- At a minimum meet with school wellness/behavioral health team bi-weekly for the duration of the school year. The clinician should inform his/her supervisor if the team meets less frequently than bi-weekly.
- At a minimum identify and implement 3 activities focused on engagement and integrating into the school. Engagement activities may include, sending a letter home to parents with a picture, classroom introductions, and introduction presentations at Back to School Night, etc.
- At a minimum frequency of weekly, implement an established or created prevention curriculum targeting students throughout the academic year (August thru June) with a change in programming to be conducted at a minimum frequency of quarterly. The programming should vary in both grade level and/or content. If using an established evidenced based program, the program is to be completed to fidelity. Any changes to programming that are identified on the School Strengthening Work Plan should be discussed with the supervisor.





## School Behavioral Health Benchmarks, *cont'd*: (pg. 18)

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- At a minimum implement 2 early intervention groups throughout the school year. The groups can meet **weekly** for one month, **biweekly** for two months, or meet for the duration of the school year. (Note: Minimum number of early intervention group sessions is 4 sessions)
- At a minimum conduct 1 teacher workshop during each quarter (Note: Clinician will inform supervisor if the school does not allow staff workshops/Professional Development sessions to be delivered by the clinician).
- At a minimum the clinician will facilitate 1 parent workshop or participate/support a school sponsored parent activity each school quarter.
- Clinicians will have a treatment caseload of at least 15 students and a maximum of 25 students. The clinicians will meet with the students according to their treatment plans.



# Scope of Work - *Core Functions, cont'd*: (pgs. 18-19)

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## Supervisor Requirements:

- Supervisors shall attend all required DBH trainings and actively participate in the Community of Practice.
- Supervisors shall have no more than 6 clinicians in their supervisory group.
- Supervisors shall comply with the regulations of the District of Columbia Department of Health, Health Regulation and Licensing Administration's specific Health Professional Board which regulates the practice of the supervisee's current clinical licensure.
- Supervisors shall conduct 1:1 supervision of each clinician at least 1.5 hours per week (this can be broken up into two supervision meetings).
- Supervisors shall provide one (1) 2-hour group supervision session monthly.
- Supervisors shall support clinicians in providing culturally responsive and linguistically competent services.
- Supervisors shall communicate with each school principal or designee at least once a month to discuss services, highlight the strengths and areas for improvement, address any concerns regarding clinician performance to allow opportunities for problem solving and to identify strategies to enhance service delivery at the school.



# Scope of Work - *Core Functions, cont'd*: (pgs. 18-19)

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## Supervisor Requirements:

- Supervisors shall ensure coverage of all open clinical treatment cases for clinician vacancies.
- Supervisors will provide hiring/vacancy updates to the school leadership and the School Behavioral Health Coordinator about vacancies. Supervisors shall prioritize services needed in collaboration with school administration.
- Supervisors shall participate in evaluation activities (e.g., focus group participation, surveys) as identified by DBH and outside evaluator.
- Supervisors shall complete and submit a monthly log of supervision activities to the Clinical Support Manager by the 5th of the month for activities from the previous month.



# Scope of Work - *Core Functions, cont'd*: (pg. 19)

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## School Requirements:

- The school shall hire qualified Master's- level licensed clinicians with child and youth experience for each school. Clinicians and supervisors are required to maintain licensure in the District of Columbia. Schools must notify the Fiscal Monitor and the Project Director/Grant Administrator of any staff changes or hires within 48 hours of the occurrence.
- The school shall support clinicians and supervisors in providing culturally responsive and linguistically competent services.
- The school shall complete expenditure reports with allowable expenditures and submit reports to the Fiscal Monitor by the 15<sup>th</sup> of every month.



# Application Requirements (pgs. 20-24)

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## Project Narrative (**must not exceed 4 pages**)

### B. Project Need (up to 3 pages)

This section should provide a work plan detailing recruiting/identifying and hiring qualified clinicians and supervisor. Applicant should provide details of implementing culturally and linguistically and responsive approaches. Strategies and practices for service delivery of prevention, early intervention, and treatment services in the service of reducing barriers to learning and increasing access to services.

Clear operational description of supervision structure, menu of prevention, early intervention, and treatment services reasonable and achievable to address needs in a school context. Applicant should describe the operational practice related to teaming within the behavioral health work with children, youth, and families.

### C. Project Description (1 page)

This section should align to the Work Plan 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. Complete a budget for FY24. Provide a line-item budget and budget narrative justification regarding school's rate for Personnel, Prevention, Early Intervention, and Treatment services.



# Project Attachments, (pgs. 31-41)

(not counted in page limit)



# Abstract

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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.

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 interventions and supports integral to a multi-tiered school-based behavioral health program's 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	Activities/Actions	Results	Personnel Responsible	Duration		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	
Goal 1: Describe: State clearly the goal your program/project will pursue to address the issues identified.																	
Objective 1.1:	Describe: State the key activities to be implemented to achieve the objective.	Describe: List the results you expect to achieve under the activity.	Describe: Indicate the staff member, group, or other personnel responsible for the activity.	Describe: Indicate the number of the activity (e.g., activity 1, activity 2, etc.).													
Objective 1.2:																	
Goal 2:																	
Objective 2.1:																	
Objective 2.2:																	
Goal 3:																	
Objective 3.1:																	
Objective 3.2:																	



# 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 (pgs. 21 - 22)

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## **Project Budget and Justification**

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

A budget should be submitted and reflect ten (10) months for FY24. 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 ten (10) month grant period.



# Project Budget and Justification, cont'd

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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. Contractual:** Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate.
- IV. Indirect Costs:** Indirect costs should not exceed 10% of direct costs, unless the organization has negotiated indirect cost rate agreement.

*Please see page 22 for more information on indirect costs calculation.*



# 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...			\$ -		\$ -
		Choose...			\$ -		\$ -
		Choose...			\$ -		\$ -
		Choose...			\$ -		\$ -
		Choose...			\$ -		\$ -
A justification must be provided for each item listed in any category.			REQUEST		\$ 154,450.50	\$ 35,000.00	\$ 35,000.00

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

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.

(2) The Program Director will coordinate project services and project activities, including training, communication and information dissemination.

(3) The Grant Manager will provide necessary guidance to staff for services under this project.

(4) The Community Outreach Specialist will be provided in-kind by Street Works! Organization and will be responsible for connecting all 8 Wards of DC.

# Advances

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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.



# Advance Payment Request Form Template (Attachment G)

Department of Behavioral Health ADVANCE PAYMENT REQUEST FORM		
<b>I. GRANTEE AND GRANT IDENTIFICATION</b>		
Organization/Applicant Name:		
RFA No.:		
RFA Title:		
<b>II. FUNDING AWARD &amp; ADVANCE</b>		
Total Award: \$	Advance Requested: \$ <small>(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.		
<b>III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE</b> If attached separately, it must be signed by the representative identified in section V of this form.		
<b>IV. TERMS AND CONDITIONS</b>		
The applicant must submit a statement of need for the specified amount of advance payment (please attach and sign).		
The applicant must submit documentation of the use of advanced funds (invoices, receipts, payroll documentation, etc.) to the DBH grant project director and/or fiscal monitor before the end of the grant performance period, or sooner, if explicitly requested by the DBH grant project director. The approved awardee must use the advanced funds in accordance with all the terms and conditions of the grant award.		
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.		
<b>V. SIGNATURES OF AUTHORITY</b>		
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:
<b>VI. THIS SECTION IS FOR DBH APPROVAL ONLY</b>		
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

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The applicant must submit a current business license with Active Charitable Solicitation, if applicable issued by the District of Columbia Department of Consumer and Regulatory Affairs.

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

# Clean Hands Certification

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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 20004

Date of Notice: February 12, 2019 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 Arenson  
Chief, Collection Division

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

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

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

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



# 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](https://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 3).  
Exempt payee code (if any)  
Exemption from FATCA reporting code (if any)  
(Applies to accounts maintained outside the U.S.)

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

6 City, state, and ZIP code

7 List account number(s) here (optional)

8 Requester's name and address (optional)

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

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

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

**General Instructions**  
Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](https://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

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

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

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The applicant must state how the organization separates financial transactions and duties among people within the organization in order to prevent fraud or waste.

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

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

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



# Board of Directors

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

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



# Unique Entity ID

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

Applicants must have a UEI and an active registration in the System of Award Management. Visit [www.sam.gov](http://www.sam.gov) for more information.

To provide evidence of this registration as part of the application package, a copy of the applicant's SAM Entity Overview shall be submitted. If awarded funding, documentation of an active UEI is required.

# Partner Documents

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



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

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

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

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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. Maintain insurance and limits of liability coverage as delineated on pages 64-66 for Commercial Liability Insurance, Automobile Liability Insurance, Workers' Compensation Insurance, Employer's Liability Insurance, Cyber Liability Insurance, Professional Liability Insurance, Sexual/Physical Abuse & Molestation, and Commercial Umbrella or Excess Liability.



# Additional Attachments

(not counted in page limit)



## Attachments A and C (pgs. 32-35)

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- A. Notice of Eligibility and Experience Requirements
- C. Applicant Profile  
Abstract



## **Attachments 1 – 8 (pgs. 42 -83)**

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1. DBH General Terms and Conditions, pg. 43
2. Assurances, Certifications and Disclosures, pg. 68
3. Program Income and Financial Disclosure, pg. 73
4. DC Contribution and Solicitation Certification, pg. 75
5. Federal Assurances and Certifications, pg. 76
6. Tax Certification, pg. 81
7. Sub-Grantee Single Audit Certification, pg. 82
8. DBH Grant Terms and Conditions, pg. 83



# Evaluation Criteria (p. 24-26)

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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 two 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: Need (Corresponds to Project Need Section) – 80 points**

**Criterion 2: Project Budget and Justification – 20 points**

**For more information on Review and Scoring of Application see pgs. 25-26**



# Application Scoring (pg. 25)

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

- Criterion 1 – Need (Total of 80 Points)
- Criterion 2 – Project Budget and Justification (Total of 20 Points)



# Helpful Information





## Key Dates (pg. 12)

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- Notice of Funding Announcement Date: Friday, October 27, 2023
- Request for Application Release Date: Friday, October 27, 2023
- Pre-Application Conference Date: Tuesday, October 31, 2023  
1:00 PM - 2:00 PM ET
- Application Submission Deadline: **Monday, November 13, 2023 no later than 12:01 PM ET**
- Anticipated Award Start Date: Monday, December 18, 2023



# CHECKLIST FOR RFA APPLICATION (pgs. 10-11)

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](mailto:DBH.Grants@dc.gov) by 12:00 PM ET on the deadline of Monday October 31, 2022. **Applications will not be accepted late. Applicants are encouraged to submit their applications 24 hours prior to the deadline for any necessary electronic/technical troubleshooting.**

- ☐ 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

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- 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 Monday, November 13, 2023 at 12:01PM ET**
- Applications are to be emailed to [DBH.Grants@dc.gov](mailto:DBH.Grants@dc.gov)
- Email subject line should include RFA # and File #.  
For example, RM0 SBH102723, File #1 (*see page 26 for more information on application submission*)



# Agency Contact Information (p. 28)

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## **Program Contact**

Charneta C. Scott (main point of  
contact for this funding effort)

Project Manager

(202) 654-6175

[charneta.scott@dc.gov](mailto:charneta.scott@dc.gov)

## **Fiscal Management Office**

Tywana Reed

(202) 673-3532

[tywana.reed@dc.gov](mailto:tywana.reed@dc.gov)

## **Grants Management Office**

Renee Evans Jackman

(202) 673-3536

[renee.evans@dc.gov](mailto:renee.evans@dc.gov)



# Questions

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