

District of Columbia Department of Behavioral Health (DBH)

Pre-Application Conference

RFA No. RM0 ABS041423

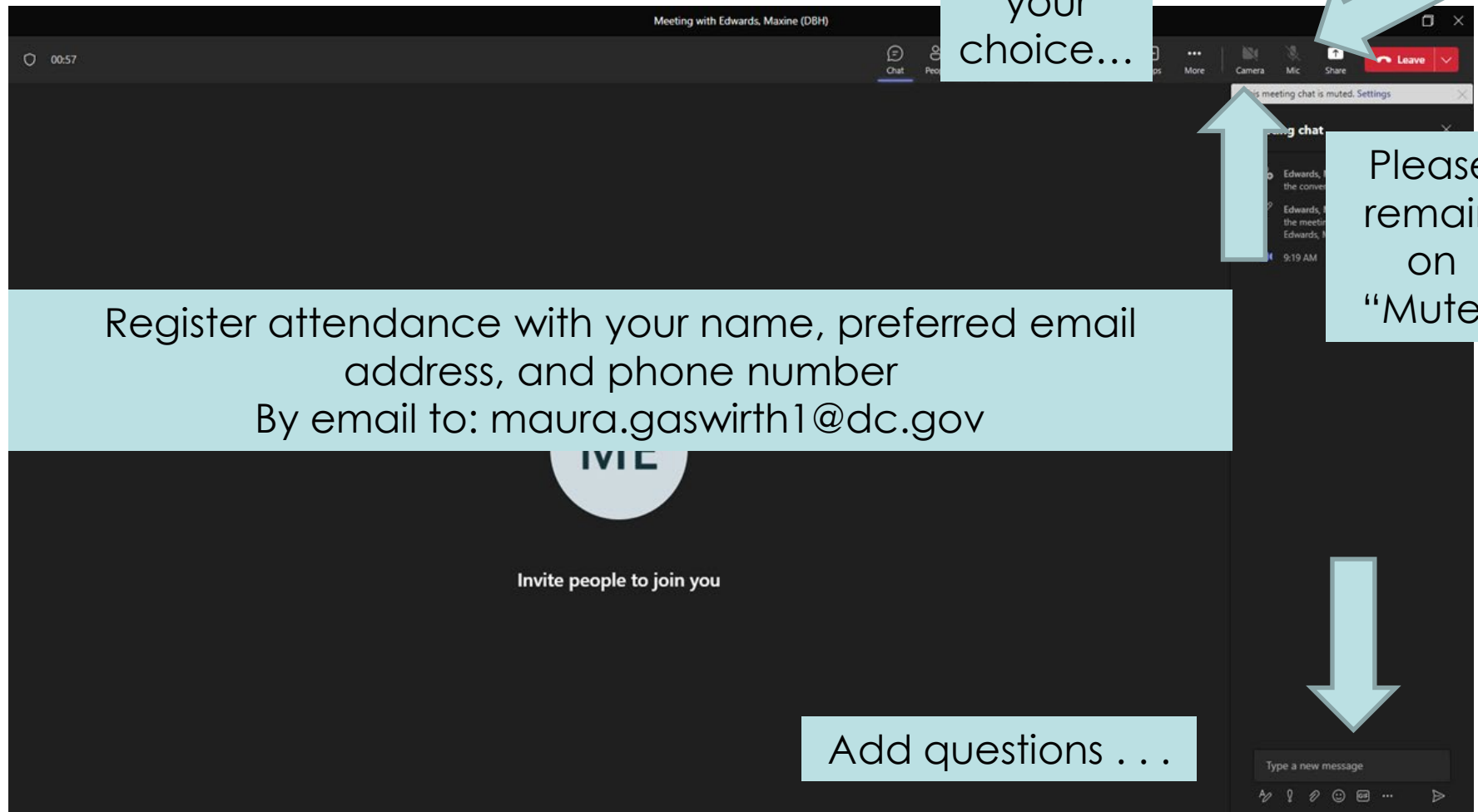


**Adult Behavioral Health Socialization (Education, Recreational and Arts
Based Programming for Adults with Serious Mental Illness and Substance
Use Disorder)**

Thursday April 20, 2023 | 10:00 – 12:00PM



Please Note:



The screenshot shows a Zoom meeting window titled "Meeting with Edwards, Maxine (DBH)". The top bar includes a timer at 00:57, icons for Chat, People, and Video, and a "Leave" button. A callout box "Video is your choice..." points to the Video icon. A second callout box "Please remain on 'Mute'" points to the Mic icon, which has a red slash through it. A third callout box "Add questions . . ." points to the Chat icon. A large light blue box in the center contains the text: "Register attendance with your name, preferred email address, and phone number. By email to: maura.gaswirth1@dc.gov". The main area shows a blurred video feed and the text "Invite people to join you". The bottom right shows a chat input field with the placeholder "Type a new message".

Video is your choice...

Please remain on "Mute"

Register attendance with your name, preferred email address, and phone number
By email to: maura.gaswirth1@dc.gov

Invite people to join you

Add questions . . .



Today's Agenda

Welcome

Presenters

- Maura Gaswirth, LICSW, Director, Specialty Care Division
- Maxine Edwards, GMO Specialist

General Information

- Overview, Background, 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 (p. 11)

- The Adult Services Division within the Department of Behavioral Health (DBH) is soliciting applications for community-based organizations and non-profit organizations who can provide weekday(s) and/or weekend socialization programs for adults with serious mental illness (SMI) and substance use disorder (SUD) in the District of Columbia.
- Individuals diagnosed with a serious mental illness (SMI) and/or substance use disorder (SUD) frequently experience social isolation, have fewer friends and a less extensive social support network relative to those who are not living with SMI or SUD. While there are numerous structured treatment opportunities and drop-in centers available during the weekdays, there are few structured, supportive opportunities targeted to the SMI and SUD population during the weekends. Treatment frequently focuses on improving interpersonal communication skills and appropriate use of leisure activities, but individuals in care need to practice those skills outside of the treatment environment.
- DBH seeks to add supportive weekday(s) and/or weekend educational, recreational and arts-based programming where individuals with SMI and SUD can engage in natural social and recreational activities where they can practice and develop the interpersonal skills necessary to more fully integrate into the community and develop mutually caring and supportive relationships outside of treatment settings.



Purpose (pg. 11)

- The Adult Services Division is issuing this RFA in accordance with the Notice of Funding Availability (NOFA) for the grant program entitled, "Education, Recreational and Arts Based Programming for Adults with Serious Mental Illness and Substance Use Disorder."
- The specific objectives of the project, which the successful applicant under this RFA will be expected to meet are: (1) establish or maintain weekday(s) and/or weekend educational, recreational and arts-based program for adults with SMI and SUD; (2) show evidence of program sustainability; (3) show evidence of positive quality of life outcomes (e.g. WHO Quality of Life Scale- BREF"); (4) show evidence of age appropriate and targeted activities for persons in specific age groups; and (5) show evidence of a program calendar and schedule of activities.
- To achieve these objectives, it is anticipated that the applicant will (1) establish dates and times of program operation including a month-by-month calendar and daily program schedule; (2) show a budget for the program and explain program sustainability; (3) explain how the program will engage participants; (4) describe the target number of weekly/monthly/annual participants; (5) describe a variety of age-appropriate social activities and (6) establish and measure expected outcomes.

Amount of Funding and Grant Awards (p. 10)

AWARD INFORMATION

Source of Grant Funding

Funding is made available under the District of Columbia Fiscal Year 2023 (FY23) Budget Support Act of 2020

Award Funding Available

This RFA will make available fifty-thousand dollars (\$50,000) for two (2) awards at twenty-five thousand (\$25,000) each.

Performance and Funding Period

The anticipated performance and funding period is June 12, 2023 through September 30, 2023.

Subsequent to the first 5-month budget period, funding maybe 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 (p. 11)

Eligibility Criteria (pg. 11)

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

1. A 501(c)(3) Community-Based Organization (CBO) located in the District of Columbia; or
2. A Community Residential Facility (CRF) operator located in the District of Columbia, certified by the Department of Behavioral Health.

Experience Criteria (pg. 12)

Those applying should meet the following criteria:

1. Experience in providing therapeutic recreational and/or behavioral health services to those with SMI and/or SUD for a minimum of two years; and
2. Experience with managing District of Columbia (local) or federal grants and/or contracts



Target Population (p. 12)

The target population is individuals in the District of Columbia with SMI and SUD



Scope of Services (p. 12)

- Services to be provided under the Adult Behavioral Health Socialization (Education, Recreational and Arts Based Programming for Adults with Serious Mental Illness and Substance Use Disorder) project/effort include the following:
- The successful applicant will possess the requisite experience, knowledge and technical skills to attain the objectives of this project. In order to best meet the objectives of this RFA, the applicant is required to provide the following services:
- Organized, structured, social activities for adults with SMI and SUD for a minimum for four hours each date of service.
 - Activities must take place in a safe, welcoming environment;
 - Providers must have referral sources and resources available for day-to-day living needs and other community recreation and leisure activities;
 - Providers must make available communication resources (telephone and computer) for participants to contact resources and supports;
 - Providers must have a variety of books, games, music, drawing, movement activities and other forms of leisure and recreation activities available at each service date;
 - Providers must offer participant choice of activities.
- There shall be different types of educational, recreational and arts-based activities/opportunities available monthly;
- 3. Educational, recreational and arts-based activities should be age appropriate and targeted;
- 4. Educational, recreational and arts-based activities should be properly monitored for safety;
- 5. Educational, recreational and arts-based activities should be free from drugs and alcohol;
- 6. Activities may take place on site or in the community;
- 7. Programming must be available for at least (4) hours Monday through Sunday for a total of four (4) days each month (one session each week).



Scope of Services (p. 12)

- There shall be different types of educational, recreational and arts-based activities/opportunities available monthly;
 - 1. Educational, recreational and arts-based activities should be age appropriate and targeted;
 - 2. Educational, recreational and arts-based activities should be properly monitored for safety;
 - 3. Educational, recreational and arts-based activities should be free from drugs and alcohol;
 - 4. Activities may take place on site or in the community;
 - 5. Programming must be available for at least (4) hours Monday through Sunday for a total of four (4) days each month (one session each week).

Data Collection and Reporting (p. 13)

Data Collection and Reporting

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

- A. Quarterly Reporting: Grantees shall report on grant activities on a quarterly basis on a form/format prescribed by DBH. Quarterly reports will cover: grantee performance (e.g. service delivery data, accomplishments, challenges) and administrative data including number of educational, recreational and arts-based programming opportunities provided.
- B. Annual Reporting: On an annual basis, the grantee will be expected to provide summary data on the data provided in the quarterly report.
- C. Evaluation: The grantee will also complete an evaluation plan. The evaluation plan may be developed in collaboration with DBH upon award.

Data Collection and Tracking

- A. Grantees will be responsible for tracking and evaluating grant activities for all individuals receiving services under this funding opportunity.
- B. Grantees must also be able internally track data on the use of the service and effectiveness of the program.
- C. Grantees must be able to track the cost of, provided, billed and reimbursed.



Project Narrative – Organizational Capacity (p. 13)

A. Organizational Capacity

Applicants should include the following information to highlight their experience and capacity to establish educational, recreational and arts-based programming in the District:

1. Describe their mission, structure and scope of work; target population, experience and capacity to meet the deliverables outlined in this RFA;
2. Describe the staff who will work on this initiative including anyone that would be hired to run or provide oversight of this program;
3. Describe the location and ward of the program(s);
4. Estimate the number of individuals that will be served by the program(s);
5. Describe the process that the applicant will implement to promote these programs;
6. Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise; and
7. Describe the organization's plan to be fully operational within thirty (30) days of the new grant agreement.



Project Narrative – Project Need (p. 13)

B. Project Need

Applicants should describe the unmet need for educational, recreational and arts-based for adults with SMI and SUD.



Project Narrative – Project Description (p. 13-14)

C. Project Description

Applicants should describe:

1. Their plan to develop weekend educational, recreational and arts-based programs;
2. Implementing a plan to conduct outreach and recruitment;
3. Establishing partnerships with Mental Health Rehabilitation Services (MHRS) and Adult Substance Use (ASURS) providers along with community residential providers.
4. Creating marketing items (e.g., posters, flyers, pam cards and brochures) to promulgate the program;
5. Disseminating promotional items with the community.



Project Narrative – Project Evaluation (p. 14)

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 meets the goals in this application.

The grantee should outline the process measures and targets it will use to track programs delivered under the grant. The section should briefly describe the infrastructure that will support evaluation activities. The grantee should also outline the process measures and targets it will use to track services delivered under the grant. The section should also briefly describe the infrastructure that will support evaluation activities. The grantee may propose additional outcome measures specific to their project, subject to DBH approval.



Project Attachments – Project Abstract (p. 14)

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.



Application Scoring (p. 18)

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 five 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 (Total of 40 Points)
- Criterion 2 – Need (Total of 5 Points)
- Criterion 3 – Strategic Approach (Total of 25 Points)
- Criterion 4 – Evaluation (Total of 25 Points)
- Criterion 5 – Project Budget and Justification (Total of 5 Points)



Application Scoring (cont.,)

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 five 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) – 40 points

Applicants should:

1. Describe their mission, structure and scope of work; target population, experience and capacity to meet the deliverables outlined in this RFA(5 points);
2. Describe the staff who will work on this initiative including anyone that would be hired to run or provide oversight of these educational, recreational and arts-based activities (5 points);
3. Describe the location and ward of the program activities (3 points);
4. Estimate the number of unique individuals that will be served by the project and provide supporting evidence for your estimate (Max 5 Points): 20-50 Individuals served= 1 point; 50-199 individuals served= 3 points; 200-299 Individuals served= 5 points;
5. Describe the process that the applicant will implement to promote this program and events that involve the community's feedback or participation (2 points);
6. Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise (2 points);
7. Experience in providing therapeutic recreational and/or behavioral health services for a minimum of two years (3 points);
8. Experience with managing multiple grants or contracts greater than \$40, 000(5 points);
9. Experience managing District of Columbia or federal grants (5 points); and
10. Describe the organizations; plan to be fully operational within thirty (30) day of the new grant agreement (5 points).



Application Scoring (cont.,)

Criterion 2: Need (Corresponds to Project Need Section) – 5 points

Applicants should:

1. Describe the unmet need for the educational, recreational and arts-based programming for adults with SMI and SUD.

Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 25 points

Applicants should:

1. Describe their plan to develop educational, recreational and arts-based program for adults with SMI and SUD (10 points);
2. Implementing a plan to conduct outreach and recruitment (5 points);
3. Establishing partnerships with MHRS, SUD and housing providers (5 points);
4. Applicants must have completed a Work Plan- Attachment III (5 points)



Application Scoring (cont.,)

Criterion 4: Evaluation (Corresponds to Project Evaluation Section) – 25 points

The applicant must include clear, quantitative goals and objectives for the grant period and present a sound and feasible evaluation plan that meets the goals in this application. At a minimum:

1. Quantitative objectives should be set for the number of weekday and/or weekend educational, recreational and arts-based activities planned/completed, the number of participants in each activity and the number of individuals to be served with grant funds, the types and numbers of specific services provided (10 points);
2. Targeted outcomes to be achieved by the individuals services (e.g. WHO Quality of Life Scale-BREF results) (5 points)
3. Project Description: Briefly outline how the organization will implement the project in services of the goal and objectives. The description should include the proposed targets for the following key grant outcomes (10 points):
 - a. Pre- and post- assessments about educational, recreational and arts-based activities;
 - b. Target population;
 - c. Number of individuals participating weekly, monthly, annually;
 - d. Proposed educational, recreational, and arts-based activities.

Criterion 5: Project Budget and Justification – 5 points

The applicant provided a budget and justification of the items included in their proposed budget (5 points)



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 14 - 18)
9. Signed Attachments 2 – 8 (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 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.

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>	Fiscal Year <input type="text"/>											
					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"/>
Objective 2:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 3:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Objective 4:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goal 2: Clearly state the goal the program/project will pursue to address the issues identified.

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>	Fiscal Year <input type="text"/>											
					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"/>
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"/>

Staffing Plan (Attachment E)

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

FY23 RFA Staffing Plan Attachment E Fillable PDF.pdf - Adobe Acrobat Pro

File Edit View Window Help

Open Create

1 / 1 100%

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

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)
					0%	
					0%	
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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

! SECURITY WARNING: Content may be blocked. Enable Content

H180

1 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.

2

3 Funding Source: RMQ Project Title:

4 Proposed Project Period: Start Date: End Date: Organization:

5

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...			\$ -		\$ -

19

20 A justification must be provided for each item listed in any category. REQUEST \$ - \$ - \$

21

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



Advance Payment Form (Attachment G)

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

File Edit View Window Help

Open Create

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"/> (Cannot exceed 90 days of the total award)	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

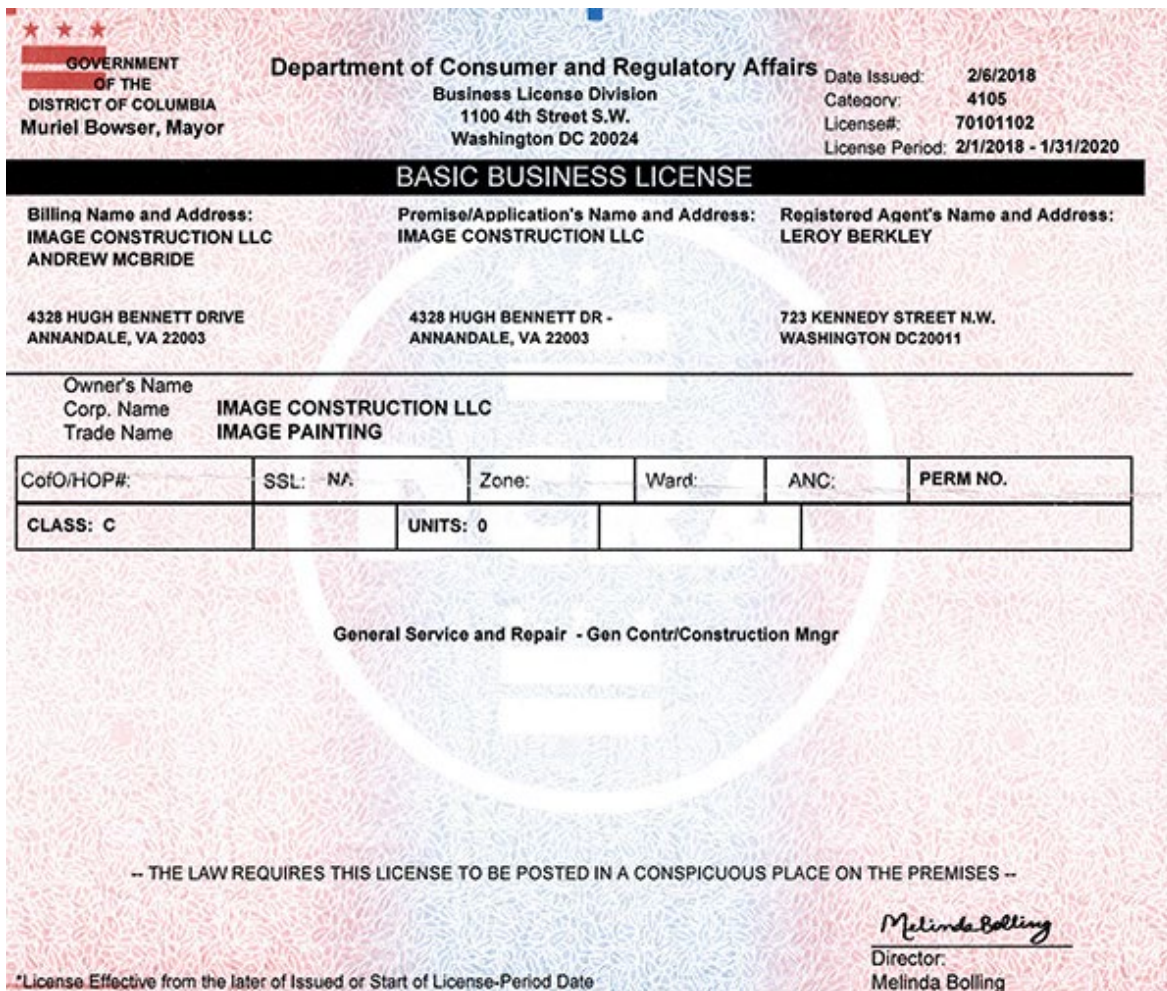
Speaker's Social Security Number

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 DC 20011

Owner's Name
 Corp. Name IMAGE CONSTRUCTION LLC
 Trade Name IMAGE PAINTING



CofO/HOP#:	SSL: NA	Zone:	Ward:	ANC:	PERM NO.
CLASS: C		UNITS: 0			

General Service and Repair - Gen Contr/Construction Mngr

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

Melinda Bolling
 Director:
 Melinda Bolling

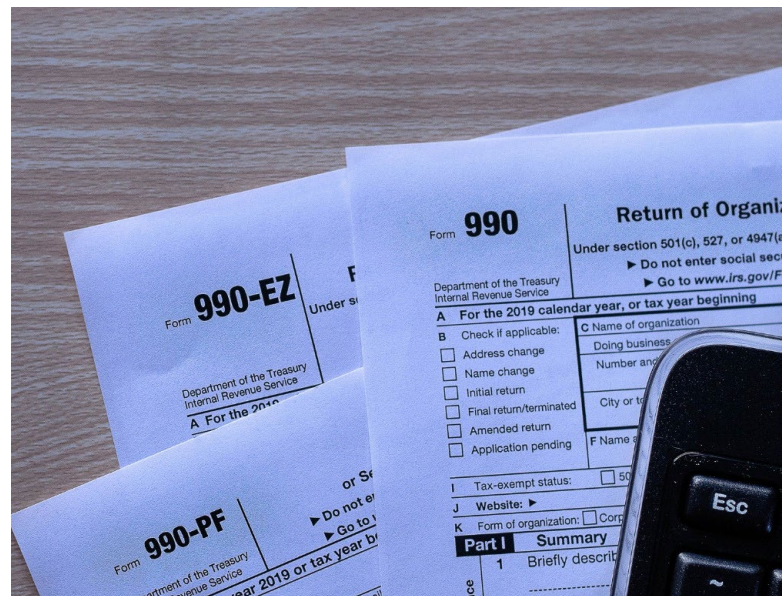
*License Effective from the later of Issued or Start of License-Period Date

 Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue	1100 4th Street, SW Washington, DC 20024
Date of Notice: February 12, 2020	Notice Number: L00000000000000000000
SSN: ***-**-**** Case ID: 00000000000000000000	
<u>CERTIFICATE OF CLEAN HANDS</u>	
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 . On the MyTax homepage, click "Clean Hands" and then the "Validate a Certificate of Clean Hands" hyperlink.	



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

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.
Print or type. See Specific Instructions on page 3.	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ 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. <input type="checkbox"/> Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

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.	Social security number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> OR Employer identification number <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																

Sign Here

Signature of U.S. person ▶	Date ▶
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General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

CALENDAR YEAR 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)

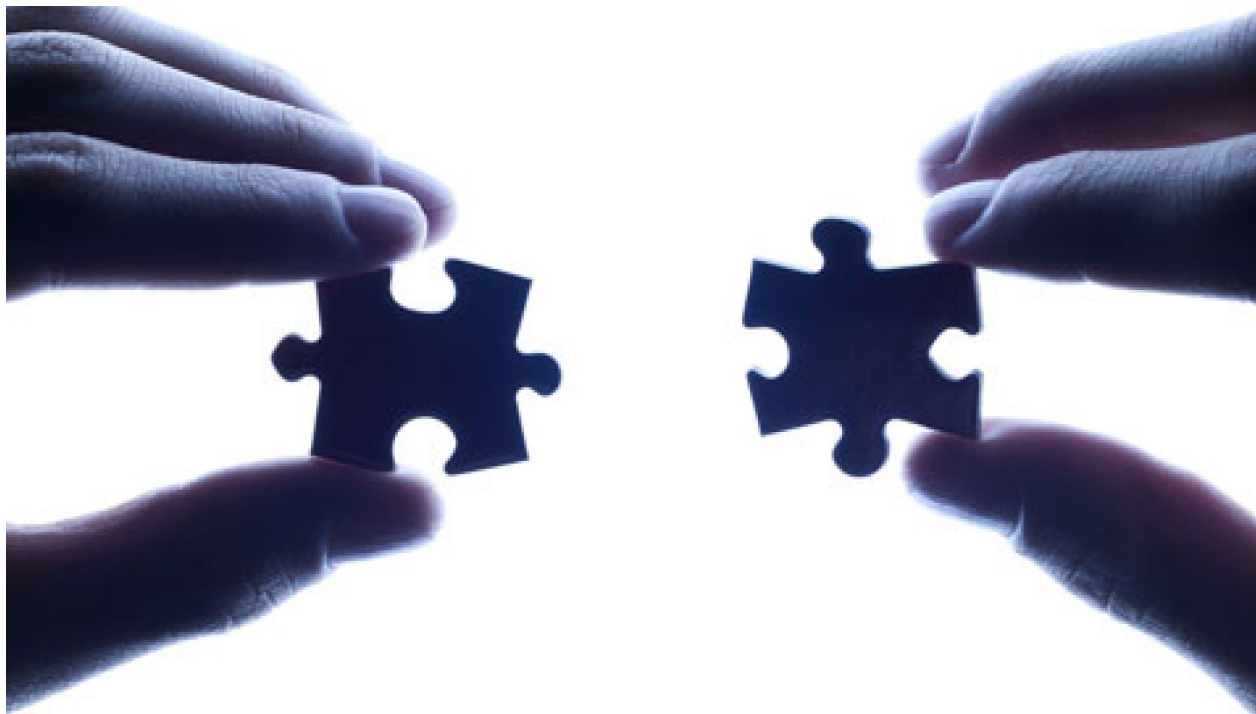
System for Award Management (SAM) Registration (Unique Entity ID)



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 2 – 8 (pgs. 70 -85)

2. Assurances, Certifications and Disclosures, pg. 70
3. Program Income and Financial Disclosure, pg. 75
4. DC Contribution and Solicitation Certification, pg. 77
5. Federal Assurances and Certifications, pg. 78
6. Tax Certification, pg. 83
7. Sub-Grantee Single Audit Certification, pg. 84
8. DBH Grant Terms and Conditions, pg. 85



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: 8-1/2 by 11-inch paper, 1.0 spaced, Arial or Times New Roman font 12-point type (10-point font for tables and figures), and a minimum of one-inch margins. **Applications that do not conform to these requirements will not be forwarded to the review panel.**
- ☐ The application proposal format conforms to the "Application Requirements" listed in the RFA.
- ☐ The proposed budget is complete and complies with the allowable items provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan, staffing plan, and any other requested attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via email to DBH Grants, DBH.Grants@dc.gov 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, May 12, 2023, 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 PDF FILE

EMAIL RECEIVED ON THIS DATE: 02/02/2023

RECEIVED BY: Maxine R. Edwards

***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 Friday May 5, 2023, one week prior to the RFA's closing.**
(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. 21.**
- ☐ **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, May12, 2023 at 12:00PM**

Upcoming Key Dates

FAQ Submission Deadline:

Friday May 5, 2023

Application Submission Deadline:

**Friday, May 12, 2023,
by 12:00 PM ET**

Anticipated Award Start Date:

Thursday, June 12, 2023



Program Contact Information

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Director, Specialty Care Division

202-809-0489

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