**Request for Applications (RFA)**

**RFA No. RM0 DCOR 080219**

****

**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**RFA Title: District of Columbia Opioid Response (DCOR) Grant Opportunities**

 **Attachments A, B, G, H, and I – WORD VERSION**

**Section XIV:** **ATTACHMENTS TO THE RFA**

Attachment A Intent to Apply Notification

Attachment B Application Profile

Attachment G Work Plan Template

Attachment H Budget and Budget Narrative Justification Form

Attachment I DBH Receipt

**ATTACHMENT A**

**District of Columbia Opioid Response (DCOR) Grant Opportunities**

**RFA# RM0 DCOR 080219**

 **Intent to Apply Notification**

**Due Date: Monday, August 12, 2019**

 **TO:** Department of Behavioral Health, Grants Management Office

 [www.dbh.grants@dc.gov](http://www.dbh.grants@dc.gov)

**FROM:**

 Name of Organization

**RE:** **Intent to Apply for District of Columbia Opioid Response (DCOR) Grant Opportunities**

 **I intend to apply for the following competition(s):**

Competition #1: Hospital OUD Crisis Beds ☐Yes ☐No

Competition #2: Hospital Inpatient Peer Support [ ] Yes [ ] No
Competition #3: Peer Follow Up for OUD Discharges [ ] Yes [ ] No
Competition #4: OUD Street Outreach [ ] Yes [ ] No
Competition #5: DCOR Prevention [ ] Yes [ ] No

**Organization Address:**

**Contact Person/Title:**

**Contact Person Telephone Number:**

**Contact Person Email:**

This notification serves as intent to apply for the abovementioned request for application. The notification is due Monday, August 12, 2019 to dbh.grants@dc.gov. Notifications are to be sent to this email address only and will not be received via telephone, fax, email (other than address noted) or in-person.

I am also confirming attendance at the pre-application conference being held Friday, August 9, 2019. **In-Person:**  [ ] Yes [ ] No **#Attendees:**
**Conference Call/Webinar:**  [ ] Yes [ ] No

**Print Name** **Date**

**Signature**

**ATTACHMENT B**

**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**RFA Title: District of Columbia Opioid Response (DCOR) Grant Opportunities**

**RFA# RM0 DCOR 080219**

**Applicant Profile**

|  |  |
| --- | --- |
| APPLICANT NAME: |  |
| TYPE OF ORGANIZATION: | \_\_ Public Non-Profit Org. \_\_Private Non-Profit Org.   |
| EIN/Federal Tax ID No.:DUNS No.:Primary Contact Person/Title: |  |
|  |
|  |
| Second Contact Person/Title: |  |
| Street Address:    |  |
| City, State ZIP: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |
| Ward:  |  |
| Organization Website: |  |
| Name of Authorized Representative (Official Signatory): |  |
|  | Title: |
|  | Email Address: |
|  | Phone Number: |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative

**Please complete RFA Abstract on next page.**

|  |
| --- |
| **RFA Abstract (Required, Limit 200 words)** |

**ATTACHMENT G**

 **District of Columbia Opioid Response (DCOR) Grant Opportunities**

**RFA # RM0 DCOR 080219**

 **Work Plan**

|  |  |
| --- | --- |
|  | **Competition #1: Hospital OUD Crisis Beds** |
|  | **Competition#2: Hospital Inpatient Peer Support** |
|  | **Competition #3: Peer Follow Up for OUD Discharges** |
|  | **Competition #4: OUD Street Outreach** |
|  | **Competition #5: DCOR Prevention** |

**Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **GOAL 1: INSERT IN THIS SPACE ONE PROPOSED PROGRAM GOAL.** *Proceed to outline program objectives, activities, and targeted dates in the spaces below.* |
| **Measurable Objectives/Activities:** |
| **Process Objective #1:**  |
| Key activities needed to meet this objective: | Start Date/s: | Completion Date/s: | Key Personnel (Title) |
| *
*
*
*
 | *
*
*
 | *
*
*
 |  |
| **Process Objective #2:** |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
| *
*
*
*
 | *
*
*
 | *
*
*
 |  |
| **Process Objective #3:** |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
| *
*
*
*
 | *
*
*
 | *
*
*
 |  |

**Duplicate this page as needed for additional proposed program goals. Ensure that heading information clearly identifies the applicant’s submission, the RFA and Competition number, and page (e.g. page 2 of 4) of the proposed work plan.**

**ATTACHMENT H**

**District of Columbia Opioid Response (DCOR) Grant Opportunities**

**RFA # RM0 DCOR 080219**

**BUDGET JUSTIFICATION AND NARRATIVE**

**Competition (check one per application)**

|  |  |
| --- | --- |
|  | **Competition #1: Hospital OUD Crisis Beds** |
|  | **Competition#2: Hospital Inpatient Peer Support** |
|  | **Competition #3: Peer Follow Up for OUD Discharges** |
|  | **Competition #4: OUD Street Outreach** |
|  | **Competition #5: DCOR Prevention** |

**A. Personnel:** Provide employee(s) (including names for each identified position) of the applicant/recipient organization for those positions whose work is tied to the grant project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position**  | **Name**  | **Annual Salary/Rate** | **Level of Effort** | **Cost** |
| 1.  |  | $ | % | $ |
| 2. |  | $ | % | $ |
| 3 |  | $ | % | $ |
| 4. |  | $ | % | $ |
| 5. |  | $ | % | $ |
|  |  |  | **TOTAL**  | **$**  |
|  |  |  |  |  |

**Justification:** Describe the role and responsibilities of each position.

1.

2.

3.

4.

5.

**B. Fringe:** List all components of fringe benefits rate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Component**  | **Rate** | **Wage**  | **Cost**  |
| FICA | % | $ | $ |
| Workers Compensation  | % | $ | $ |
| Insurance  | % | $ | $ |
|  |  | **TOTAL**  | **$** |

**Justification:** Fringe reflects current rate for the agency.

**C. Consultant/Experts:** A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in a form of consortium agreements or contracts.

A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition. Consultants may not be officers or employees of the grantee’s organization.

**Costs for contracts must be broken down in detail and a narrative justification provided. If applicable, numbers of clients should be included in the costs.**

Suggested: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Contractual arrangements with consultants must include the work to be performed, title, rate of pay, hours, and the term(s) of the agreement. Both the consultant and sub-grantee must sign the agreement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Service** | **Rate** | **Other** | **Cost** |
| 1.  |  |  |  | $ |
| 2. |  |  |  | $ |
| 3 |  |  |  | $ |
| 4. |  |  |  | $ |
| 5. |  |  |  | $ |
|  |  |  | **TOTAL**  | **$**  |

**Justification:** Explain the need for each contractual agreement and how they relate to the overall project.

**D. Occupancy:** Rent expenses

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
| 1.  |  | $ |
| 2. |  | $ |
| 3. |  | $ |
|  | **TOTAL**  | **$** |

**Justification:** Break down costs into cost/unit (e.g. cost/square foot, etc.) Explain the use of each requested item requested.

**E. Travel & Transportation:** Localtravel expenses

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
|  | **TOTAL**  | **$** |

**Justification:** Break down travel costs into cost/unit (reimbursement rate per mile, Metro cards, etc.) Explain the use of each requested item requested.

**F. Supplies & Minor Equipment**: Materials costing less than $5,000 per unit and often having one-time use.

**Budget Request**

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
| 1. |  | $ |
| 2.  |  | $ |
| 3. |  | $ |
| 4.  |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Describe the need and include an adequate justification of each cost that was estimated.

**G. Client Costs:** Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measureable outcomes. (e.g., food costs, gift cards, giveaways, stipends.)

**Budget Request**

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
| 1. |  | $ |
| 2.  |  | $ |
| 3. |  | $ |
| 4.  |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Describe the need and include an adequate justification of each cost that was estimated.

**H. Communications:** Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.

**Budget Request**

|  |  |  |
| --- | --- | --- |
| **Item(s)** | **Rate** | **Cost** |
| 1. |  | $ |
| 2.  |  | $ |
| 3. |  | $ |
| 4.  |  | $ |
|  | **TOTAL** | **$** |

**Justification:** Describe the need and include an adequate justification of each cost that was estimated.

**G. Other Direct Costs:** Expenses not covered in any of the previous budget categories.

|  |  |  |
| --- | --- | --- |
| **Item** | **Rate** | **Cost** |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
|  | **TOTAL**  | **$** |

**Justification:** Break down costs into cost/unit. Explain the use of each item requested.

**H. Indirect Cost Rate:**Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of your organization and the conduct of activities it performs. Typical indirect costs include accounting and insurance.Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

|  |  |  |  |
| --- | --- | --- | --- |
| **Percentage** | **Budget Category** | **Amount** | **Total** |
| **%** |  | **$** | **$** |

**Justification:** Explain the need for each of your indirect costs.

**Budget Summary**

|  |  |
| --- | --- |
| **CATEGORY**  | **BUDGET REQUEST** |
| Personnel  | **$** |
| Fringe | **$** |
| Consultant/Experts | **$** |
| Occupancy | **$** |
| Travel & Transportation | **$** |
| Supplies & Minor Equipment | **$** |
| Client Costs | **$** |
| Communications | **$** |
| Other Direct Costs | **$** |
| **SUBTOTAL DIRECT COSTS** | **$** |
| Indirect Costs | **$** |
| **TOTAL PROJECT COSTS** | **$**  |

**ATTACHMENT I**

**DBH RECEIPT**

**RFA Title: District of Columbia Opioid Response (DCOR) Grant Opportunities**

**RFA No. RM0 DCOR 080219**

**Competition # (check one per application)**

|  |  |
| --- | --- |
|  | **Competition #1: Hospital OUD Crisis Beds** |
|  | **Competition#2: Hospital Inpatient Peer Support** |
|  | **Competition #3: Peer Follow Up for OUD Discharges** |
|  | **Competition #4: OUD Street Outreach** |
|  | **Competition #5: DCOR Prevention** |

**ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE OF THE ORIGINAL APPLICATION**

**THE DC DEPARTMENT OF BEHAVIORAL HEALTH IS IN RECEIPT OF:**

|  |  |
| --- | --- |
|  | **CONTACT NAME** |
|  | **ORGANIZATION NAME** |
|  | **ADDRESS, CITY, STATE, ZIP CODE** |
|  | **PROJECT NAME** |
|  | **BUDGET AMOUNT** |

**DBH USE ONLY:**

**Please Indicate Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ORIGINAL and \_\_\_\_\_\_\_\_\_\_\_\_\_COPIES

RECEIVED ON THIS DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/2019

**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_