

District of Columbia Department of Behavioral Health (DBH)

Pre-Application Conference

RFA No. RMO SES 122923



Evidence Based Supported Employment Work Force Stabilization and Development Initiative

January 10th, 2024

10:00am-12:00pm



Please Note:

The image is a screenshot of a Zoom meeting window titled "Meeting with Edwards, Maxine (DBH)". The interface shows a dark background with a large circular placeholder for a video feed labeled "ME". Below this, it says "Invite people to join you". On the right side, there is a toolbar with icons for Chat, People, More, Camera, Mic, and Share. A red "Leave" button is also visible. A chat window is open on the right, showing a message from "Edwards, Maxine" and a timestamp of "9:19 AM".

Instructional callouts with arrows pointing to specific UI elements:

- Video is your choice...**: Points to the "More" button in the top toolbar.
- Register attendance...**: Points to the "People" button in the top toolbar.
- Please remain on "Mute"**: Points to the "Mic" button in the top toolbar.
- Add questions...**: Points to the "Chat" button in the top toolbar.



Today's Agenda

Welcome

Presenters

- Melody Crutchfield, Supported Employment Program Manager
- Katie Pitts, Supported Employment Program Analyst
- Toussaint Tingling-Clemmons, Grants Management Specialist

General Information

- Overview, Background, and Definitions

Award Information

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

Performance Requirement

- Experience Criteria, Performance Criteria, Target Population, Location of Services, Data Collection and Reporting

Application Requirements

- Project Narrative
- Evaluation Criteria

Successful Packaging

- Additional/Fillable Attachments

Helpful Information

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

Questions & Answers



Overview (p. 10)

The Government of the District of Columbia, Department of Behavioral Health, (Adult and Transition Age Youth Administration) is soliciting applications from certified MHRS and SUD Evidence Based Supported Employment providers to support work force stabilization and development initiatives assisting Supported Employment providers to retain and recruit staff required to provide services and supports to adults with severe mental illness or substance use disorders for whom competitive employment has been interrupted or intermittent as a result of their mental illness or substance use disorder.

This solicitation includes 2 (two) application opportunities.

An organization applying to multiple competitions must submit a separate application for each competition. Applications may not be combined.



Background (pgs. 11-12)

In July 2022, DBH Evidence Based Supported Employment services transitioned to the 1915i waiver. A requirement of the 1915i waiver initially included DBH to review current clinical records, complete a comprehensive independent assessment of the consumer's mental health needs and the development of the person-centered case plan with the consumer. This requirement caused significant delays in the referral, approval, and enrollment process for consumers to access this service. Providers have reported turnover and the inability to maintain the required number of staff due to the slow enrollment process. Subsequently, two programs have closed their Supported Employment Programs decreasing the system's overall capacity to serve adult consumers who require support in employment.

The independent assessment requirement under the 1915i has been redefined which has recently resulted in a more streamlined and timely completion of referrals and authorization of supported employment services.



Background (cont.)

As programs have continued to recruit employment specialists, providers have reported difficulty in retaining and recruiting staff required to provide in-person support to adults with severe mental illness who would greatly benefit from supported employment services to further promote recovery. DBH currently has four (4) MHRS providers certified to provide Evidence Based Supported Employment services and three (3) SUD providers certified to provide Evidence Based Supported Employment Providers.

Each supported employment team at a minimum consists of one (1) Supported Employment Manager and two (2) full-time Employment Specialists. The maximum number of Employment Specialists, dependent on program size, can consist of six (6) Employment Specialists.



Background (cont.)

With the closure of two MHRS Supported Employment programs along with the difficulty of retaining and recruiting to fill positions, the system's overall capacity to serve adult consumers who require support in employment due to a serious mental illness has been impacted. There is a need to support the existing supported employment programs to retain and expand their workforce which will result in the expansion of the system's capacity to provide this evidence-based service.

There are currently three certified SUD Evidence Based Providers, however there is one provider who is actively providing SUD Supported Employment services. There is a need to increase capacity and provider choice for SUD clients in need of supported employment services to further support their recovery process.



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

Funding is made available from the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Block Grants for Community Mental Health Services, American Rescue Plan Act of 2021 (ARPA) Supplemental Funding (B09SM085341) and Substance Abuse Prevention and Treatment (SABG) Block Grant Program American Rescue Plan Act of 2021 (ARPA) Supplemental Funding (B08TI083980).

Award Funding Available

Competition 1:

This competition will make available \$80,000 to fund up to four (4) awards not to exceed \$20,000 over one (1) base year.

Competition 2:

This competition will make available \$75,000 to fund up to three (3) awards not to exceed \$25,000 over one (1) base year.



Eligibility Requirements (pg. 11)

Eligibility Requirement

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

Current MHRS and/or SUD certified Evidence Based Supported Employment Program providers in the DBH network.



Performance Requirements (pg. 10)

Scope of Services

Milestone to be provided under the Evidence Based Supported Employment Work Force Stabilization and Development Initiative project include:

1. MHRS Evidence Based Supported Employment providers must provide retention bonuses to current staff and/or provide recruitment bonuses to a minimum of one recently hired MHRS Supported Employment Specialist no later than June 30, 2024.
2. SUD Evidence Based Supported Employment providers must provide retention bonuses to current staff and/or provide recruitment bonuses to a minimum of one recently recruited SUD Supported Employment Specialist no later than June 30, 2024, to increase capacity to serve SUD clients.



Target Population and Location (pg. 12)

Target Population

The target population for this funding effort are DC DBH certified Supported Employment providers.

Location of Services

Evidence Based Supported Employment services associated with this grant must take place in the District of Columbia.



Program Reporting (pg. 13)

Reporting

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

A. Reporting Frequency: Grantee shall report on grant activities on a Monthly basis on a form/format prescribed by DBH.

Monthly reports will cover:

- i. Total number of recruitment/retention activities uniquely completed during the reporting period
- ii. Types of recruitment/retentions activities completed
- iii. Outcomes of recruitment/ retention activities completed
- iv. Number of bonuses provided



Application Requirements (pgs. 13-16)

Project Narrative

- **Project Abstract**

Project Attachments

- **Project Budget and Justification**
- **Attachments B-D**
- **Attachments 1-9**



Evaluation Criteria (pgs. 16-17)

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 three 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 15 Points)
- Criterion 2 – **Need** (Total of 65 Points)
- Criterion 3 – **Project Budget and Justification** (Total of 20 Points)



Successful Packaging



Proposal Format and Content (pg. 15)

Application Package

1. Applicant Profile & Abstract (Attachment B)
2. Table of Contents
3. Narrative -up to three (3) pages
4. Project Budget and Justification (Attachment C)
5. Advance Payment Request (Attachment D)
6. Required Documentation (see RFA pages 14 - 19)
7. Signed Attachments 1 – 9 (Fillable PDF)

Project Narrative

Some of the attachments for this application include required templates that the applicants must use.

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.**

- I. Organization Capacity**
- II. Project Need**

Budget Narrative (p. 21)

Use the Budget Justification & Narrative Form (Attachment C, Excel Spreadsheet) to prepare a line-item budget with your proposed costs.

All expenses should relate directly to achieving the key grant outcomes.

Which includes supporting work force stabilization and development initiative for community-based providers that have an Evidence Based Supported Employment Programs that serves adults with severe mental illness and/or substance use disorders and for whom competitive employment has been interrupted or intermittent as a result of their mental illness or substance use disorder.



Budget Narrative (cont.)

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 the (OurTime FEP) 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.



Project Budget and Justification (pg. 21)

Project Budget and Justification

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

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

Restrictions:

No mini-grants or sub-grants are permitted for any entity that is awarded funding under this RFA. All participating youth and eligible interns must be adequately financially compensated with a DBH approved rate for the services they are providing.



Project Budget and Justification (Attachment C)

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) Compensation - Personal Services	2 CFR §200.430(b)	45 CFR §75.400
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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.

Advance Payment Form (Attachment D)

An applicant seeking an advance, must submit a completed Advance Payment Request form (Attachment D) 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 D).

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.

Attachment G Department of Behavioral Health ADVANCE PAYMENT REQUEST FORM		
I. GRANTEE AND GRANT IDENTIFICATION		
Organization/Applicant Name:		
RFA No.:		
RFA Title:		
II. FUNDING AWARD & ADVANCE		
Total Award: \$	Advance Requested: \$ <small>(Amount allowed is the lesser of the first 30 days or 25% of the award)</small>	Percent of Total Award: ()%
<small>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.</small>		
III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE If attached separately, it must be signed by the representatives identified in section V of this form.		
IV. TERMS AND CONDITIONS		
<small>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.</small>		

Business License

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

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

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
Trade Name

IMAGE CONSTRUCTION LLC
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

Clean Hands Certification

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

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

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

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

Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue

1101 4th Street, SW
Washington, DC 20024

Date of Notice: February 12, 2020 Notice Number: 1000000000

SSN: ***-**-**** Case ID: 0000000000

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

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

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



501(c)(3) Letter (Non-Profits Only)

The applicant must submit the organization's determination or affirmation letter approving and/or confirming the tax-exempt status.

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

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

Contact Person:
FAITH E CUMMINS ID# 31534
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

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.

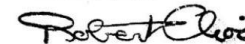
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of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



IRS Tax Exemption Affirmation Letter

If there is no IRS tax exemption letter because the organization is a religious organization, then the applicant may submit documentation asserting best evidence of its status.

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

The applicant must submit a current completed W-9 form prepared for the U.S. Internal Revenue Service (IRS).

DBH defines “current” to mean the document was completed within the same calendar year as that of the application date.

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.		Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
2 Business name/disregarded entity name, if different from above				
Print or type. See Specific Instructions on page 3.	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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.				
Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				
Sign Here	Signature of U.S. person ▶	Date ▶		
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 . Purpose of Form An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following: • Form 1099-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. <i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.</i>				

Cat. No. 10231X

Form W-9 (Rev. 10-2018)



Audited Financial Statements

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

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

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

Separation of Duties Policy

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

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

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

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

Board of Directors

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

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



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

If a project within this RFA is funded wholly or partially by federal funding sources, applicants must be registered in the System of Award Management at www.sam.gov and provide evidence of this registration as part of the application package.

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

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

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

Visit www.sam.gov for more information.



Partner Documents

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

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

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

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

Please also see Insurance section under General Terms and Conditions.



Fillable Attachments 1 – 9 (pgs. 36-76)

Attachment #:

1. General Terms and Conditions, pg. 36
2. Assurances, Certifications and Disclosures, pg. 60
3. Program Income and Financial Disclosure, pg. 65
4. DC Contribution and Solicitation Certification, pg. 67
5. Federal Assurances and Certifications, pg. 68
6. Special Terms of Award Funding, pg. 74
7. Tax Certification, pg. 74
8. Sub-Grantee Single Audit Certification, pg. 75
9. DBH Grant Terms and Conditions, pg. 76

Review and Scoring (pg. 17-18)

All applications that are complete and meet the eligibility and administrative criteria listed in Section V will be reviewed and scored by an independent review panel. The scoring and the recommendations of the review panel are advisory.

If the DBH Director does not follow the panel's recommendations, she shall provide a written justification as required by District regulations.

The final decision to fund rests solely with the DBH Director. DBH anticipates announcing all awards on February 16, 2024.



Remember!

- ☐ Read the entire RFA, including the attachments!
- ☐ All questions must be submitted by January 22, 2024, 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 pages 18-19.
- ☐ 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 January 29th 2024



CHECKLIST FOR RFA APPLICATION (pgs. 6-7)

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 an active Unique Entity ID number or documentation that a UEI number has been requested. If you do not have a UEI number, go to <https://sam.gov/content/entity-registration>.
- ☐ 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 Elements" listed in the RFA.
- ☐ The proposed budget is complete and complies with the budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The 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 **no later than 12:00 PM, Monday, January 29, 2024 ET. 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:

- ☐ Application Profile (Attachment B)
- ☐ Table of Contents
- ☐ Project Narrative
- ☐ Project Budget and Justification (Attachment C)
- ☐ Advance Payment Request Form (Attachment D)
- ☐ Organizational Required Documents:



Key Dates

Key Dates

- Notice of Funding Announcement Date: Friday, December 29, 2023
- Request for Application Release Date: Friday, December 29, 2023
- Pre-Application Conference Date: Wednesday, January 10, 2024, 10:00 A.M
- Application Submission Deadline: **Monday, January 29, 2024, no later than 12:00 PM ET**
- Anticipated Award Start Date: Monday, February 16, 2024



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Chat Questions

