

Request for Applications (RFA)

RFA No. RM0 DCOR 071219



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

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

RFA Release Date: Friday, July 12, 2019

Application Submission Deadline: Monday, August 5, 2019, 4:45 p.m. ET

Pre-Application Conference(s):

Wednesday, July 17, 2019, 1:00 p.m. – 4:00 p.m. ET

Competition #1: Integrated MAT – 1:00 p.m. – 2:00 p.m.

Competition #2: CAC Program – 2:00 p.m. – 3:00 p.m.

Competition #3: Peer Activities – 3:00 p.m. – 4:00 p.m.

**64 New York Avenue, NE
DBH Training Room 284e
Washington, DC 20002**

Specific RFA Provisions

The following terms and conditions are applicable to this and all Requests for Applications (RFA) issued by the District of Columbia Department of Behavioral Health (DBH):

1. Funding for an award is contingent on continued funding from the DBH grantor or funding source.
2. The RFA does not commit DBH to make an award.
3. DBH reserves the right to accept or deny any or all applications, if DBH determines it is in the best interest of DBH to do so. DBH shall notify the applicant if it rejects that applicant's proposal.
4. DBH may suspend or terminate any RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DBH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DBH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DBH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended. In addition, DBH may review the fiscal system and programmatic capabilities to ensure that the organization has adequate systems in place to implement the proposed program.
8. DBH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DBH shall provide the citations to the statute and implementing regulations that authorize the grant or sub grant; all applicable federal and District regulations, such as OMB 2 CFR Part 200, 2 CFR 180; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at www.opgs.dc.gov (City-Wide Grants Manual and Sourcebook).

✓	Checklist for RFA Application
	Application proposal format follows the "Proposal Format and Content" listed in Section IX.C.1. of each competition in the RFA.
	Application is printed on 8 1/2 by 11-inch paper, single-spaced, on one side, using 12-point font of Times Roman with a minimum of one inch margins, with all pages numbered.
	Intent to Apply Notification (Attachment A) submitted by July 19, 2019.
	Applicant Profile (Attachment B) is attached as the Cover Sheet and contains all the information required (including RFA Abstract).
	Table of Contents follows the Applicant Profile (Attachment B).
	Narratives are specified by competition in Section IX.D. Please review the competition details to ensure you are within the page limitations. Note: Attachments and appendices do not count toward the page limit.
	Work Plan template (Attachment G) is complete utilizing Section IX.D.2.
	Budget and Budget Narrative Justification (Attachment H) is complete and complies with Section IX.E. The line item budget narrative justification describes the categories of items proposed.
	Letters of Commitment (Competition #1 ONLY) are included.
	Attachments B, C, D, E and F are signed.
	Articles of Incorporation, if applicable, are included.
	Bylaws, if applicable, are included.
	IRS letter of non-profit corporation status, if applicable, is included.
	List of current board of directors, if applicable, is included. Include their mailing and e-mail addresses and phone numbers. Also, include board titles of officers.
	Most recent annual audit is included. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a 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 the date of the grant application.
	Most recent Form 990, Return of Organization Exempt from Income Tax, if applicable, is included.
	The applicant shall also submit evidence of being a legally-authorized entity (e.g., 501(c)(3) determination letter) and a current business license, 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 the grant application that relates to the applicant's tax status. A current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Consumer and Regulatory Affairs (DCRA) by Monday, August 5, 2019 . Please include copy of this receipt with your application.
	Current Certificate of Clean Hands from the Office of Tax and Revenue is included (Self-certification is NOT acceptable).
	The grantee shall provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and,

	<p>before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.</p>
	<p>Applicant submitted the required six (6) copies of the proposal in sealed envelopes. Of the six (6) copies, one (1) copy should be stamped “original.” Two copies of the DBH Receipt Form (Attachment I) should be attached to the outside of the “original” sealed envelope. One copy of the DBH Receipt will stay with DBH and the other copy will be provided to the applicant upon receipt. <u>Unsealed and unidentified applications will not be accepted.</u></p>

Applications must be submitted no later than 4:45 p.m. Eastern Time (ET) by the deadline date Monday, August 5, 2019, to DBH c/o Daijon Wilburn or Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC, 20002; (202) 671-2792 or (202) 727-9479.

Applications received at or after 4:46 p.m. ET on Monday, August 5, 2019 may not be forwarded to the Review Panel for review and funding recommendation.

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Required Documentation:

1. Complete, signed and/or submitted Attachments A, B, C, D, E, F, G, H, and I.
2. Articles of Incorporation, if applicable.
3. Bylaws, if applicable.
4. IRS letter of non-profit corporation status, if applicable.
5. List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
6. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a 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 the date of the grant application.
7. Most recent Form 990, Return of Organization Exempt from Income Tax, if applicable.
8. Credentials and responsibilities of the diverse team of subject matter experts specializing in organization administration, business law, social marketing, financial management, and leadership management.
9. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Consumer and Regulatory Affairs [DCRA] by Monday, August 5, 2019). Please include copy of this receipt with your application.
10. Current Certificate of Clean Hands from the Office of Tax and Revenue (**Self-certification is NOT acceptable**).
11. The grantee shall provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

**District of Columbia Department of Behavioral Health (DBH)
Request for Applications (RFA)**

RFA No. RM0 DCOR 071219

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

Section I: AUTHORITY FOR THE GRANT

The Department of Behavioral Health (“DBH”) was established, effective October 1, 2013, by the Department of Behavioral Health Establishment Act, D.C. Law 20-0061, D.C. Official Code § 7-1141.01, *et seq.*, and is the successor-in-interest to the Department of Mental Health, established by the Mental Health Establishment Amendment Act of 2001, effective December 18, 2001 and the Department of Health Addiction Prevention and Recovery Administration, established in the Department of Health by Reorganization Plan No. 4 of 1996, effective July 17, 1996. DBH is responsible, *inter alia*, for developing and monitoring comprehensive and integrated behavioral health systems of care for adults and for children, youth and their families, and serves as the state mental health authority and as the single state agency for substance use disorder services. The Director of DBH has the authority to make grants pursuant to D.C. Official Code § 7-1141.06(7) and has implemented this authority by rulemaking in Title 22A D.C. Municipal Regulation, Chapter 44.

Section II: SUMMARY AND PURPOSE OF GRANT

As a part of the District’s opioid response strategy, LIVE. LONG. DC., which has an overarching goal to reduce opioid-related deaths 50% by 2020, DBH is seeking to use District of Columbia Opioid Response (DCOR) grant funds to build a comprehensive system of care for residents with opioid use disorder (OUD) throughout the District. This Request for Applications (RFA) will identify a range of opportunities across the continuum of care from prevention through treatment and recovery. Applicants may apply to one or several of the opportunities listed in this RFA.

This solicitation includes three (3) application opportunities, which are as follows:

1. **Competition #1:** Integrated Medication-Assisted Treatment (MAT) for Co-occurring Conditions (Integrated MAT)
2. **Competition #2:** Certified Addiction Counselor (CAC) Workforce Development Program (CAC Program)
3. **Competition #3:** DC Peer Organized Activities Supporting Individuals with Opioid Use Disorders and Providing Awareness about Opioid Use and Misuse (Peer Activities)

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

Section III: BACKGROUND

The District of Columbia Opioid Response (DCOR) grant is focused on increasing access to medication-assisted treatment (MAT), reducing unmet treatment needs, and reducing opioid overdose related deaths in DC through the provision of prevention, treatment, and recovery support services (RSS) to individuals with opioid use disorder (OUD). The District is building a model with multiple access points to a coordinated network of treatment and RSS providers that will collaborate around the assessment, stabilization, and ongoing treatment of individuals with OUD.

LIVE. LONG. DC., the District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths, will continue to build the city-wide effort to ensure equitable and timely access to high-quality substance use disorder treatment and RSS through a network of treatment services that are adequate to meet demand consistent with the criteria of the American Society of Addiction Medicine; educate District residents and key stakeholders on the risk of OUD and effective prevention and treatment; engage health professionals and organizations in the prevention and early intervention of substance use disorder among District residents; support the awareness and availability of, and access to, harm reduction services in the District of Columbia consistent with evolving best and promising practices; develop and implement a shared vision between the District's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system; and prepare for program sustainability through evaluation, planning, and performance monitoring and training.

The competitions included in this RFA are all tied to the following specific goals and strategies within the LIVE. LONG. DC. strategic plan:

1. **Competition #1: Integrated MAT** – will help the District address Goal 5, Strategy 5.5, “Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming.”
2. **Competition #2: CAC Program** – will help the District address Goal 3, Strategy 3.5, “Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce’s ability to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder.”
3. **Competition #3: Peer Activities** – will help the District address Goal 5, Strategy 5.6, “Increase the presence of peer support groups/programs (e.g., 12- step programs, clubhouses, 24- hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.”

Section IV: DEFINITIONS

For the purposes of this RFA, please use the following definitions as guidance:

1. **DBH:** Department of Behavioral Health is a cabinet level agency in the District of Columbia and serves as the single state behavioral health authority for the District of Columbia reporting directly to the Mayor.
2. **OD:** Opioid use disorder is a problematic pattern of opioid use leading to clinically significant impairment or distress.
3. **MAT:** Medication-assisted treatment is the use of FDA-approved medications (i.e., buprenorphine, methadone and naltrexone) in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of OUD.
4. **RSS:** Recovery Support Services help individuals with mental and substance use disorders manage their conditions successfully. Examples of these services include: care coordination, recovery coaching and mentoring, life skills support, education support, environmental stability, supported employment, supported housing, and transportation.
5. **EBP:** Evidence-based practice is any prevention or treatment practice that has been established as effective through scientific research according to a set of explicit criteria (Drake et al., 2001). These are interventions that, when consistently applied, produce improved consumer outcomes. EBP is also a process in which the practitioner combines well-researched interventions with clinical experience, ethics, consumer preferences, and culture to guide and inform the delivery of treatments and services.
6. **Intervention:** A combination of program elements or strategies designed to produce behavior changes or improve health status among individuals or populations.
7. **SAMHSA:** Substance Abuse and Mental Health Services Administration is a federal agency responsible for decreasing the impact of substance use and mental disorders.
8. **SUD:** Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Section V: REQUIREMENTS

A. Eligibility Requirements for all Competitions associated with this RFA:

1. **A not-for-profit organization located in the District of Columbia (DC) and licensed by the DC Department of Consumer and Regulatory Affairs (DCRA) to conduct business.**

B. Eligibility Requirements by Competition:

1. **Eligibility Requirements for Competition #1 – Integrated MAT:**
 - a. At least two years working with individuals with human immunodeficiency virus (HIV), hepatitis C virus (HCV) and/or OUD.
 - b. If the applicant currently provides HIV and HCV services, a partnership with an internal or external clinician providing MAT is also required. Or, if the applicant is an MAT provider, a partnership with an internal or external provider for HIV/HCV services is required. If an external partnership is part of your application, a letter of commitment from the partner organization(s) is required.
2. **Eligibility Requirements for Competition #2 – CAC Program:**
 - a. At least two years of experience working with populations with OUD in DC.
 - b. Have supervisors for interns on staff who hold at least one of the following licenses: advanced practice addiction counselor, licensed professional counselor, licensed clinical psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed medical doctor, and/or registered nurse.
3. **Eligibility Requirements for Competition #3 – Peer Activities:**
 - a. Have a leadership team with lived experience in the behavioral health system.

C. Implementation Requirements for all Competitions associated with this RFA:

1. Applicants are required to report outcomes on a monthly basis to DBH.
2. Applicants shall provide a detailed budget to accompany the work plan providing a justification for proposed activities.
3. **Implementation Requirements for Competition #1 – Integrated MAT:**
 - a. Applicants must have the operation readiness and capabilities to:
 - i. Develop a comprehensive, coordinated model of care. This can be done in one agency as a one-stop-shop that provides MAT and HIV/HCV services, or through external partnerships that bring together MAT and HCV/HIV treatment;
 - ii. Provide patient-centered, coordinated MAT for District residents with OUD who are receiving treatment for HIV, HCV or other health conditions;
 - iii. Identify a consistent source of referrals for patients;
 - iv. Provide clinician education in MAT, HIV, and HCV management;

- v. Provide or refer clients to recovery support services;
- vi. Implement overdose prevention strategies (access to naloxone) and either provide or refer individuals to other harm reduction strategies such as syringe services;
- vii. Refer clients to the Women, Infants, and Children (WIC) program, health insurance, and other community resources; and
- viii. Increase access to and compliance with MAT and treatment for HIV, HCV and other health conditions.

4. **Implementation Requirements for Competition #2 – CAC Program:**

- a. The applicant shall have a comprehensive community-based treatment and support services program that will provide supervised experiences from a qualified practitioner to interns in:
 - i. Understanding the dynamics of human behavior and family systems;
 - ii. Signs and symptoms of SUD with a specific focus on OUD;
 - iii. Recovery process, stages of change, relapse prevention, treatment approaches, group dynamics and other adjunctive treatment recovery support groups, motivational interviewing and models and theories of addiction;
 - iv. Ethics, rules and regulations;
 - v. Professional identify in the provision of SUD services;
 - vi. Crisis intervention;
 - vii. SUD counseling treatment planning and research;
 - viii. Counseling skills for individual and group, motivational interviewing;
 - ix. Cultural factors and competencies in addiction;
 - x. Co-occurring disorders and interdisciplinary treatment;
 - xi. Diagnostic and screening criteria in addictions; and
 - xii. Psychopharmacology resources in the treatment of addictions.
- b. Applicants should have the ability to implement within 30 days:
 - i. Independently Licensed Supervisors to provide regular supervision per DBH supervision policy [710.3B](https://dbh.dc.gov/node/1167121), <https://dbh.dc.gov/node/1167121>;
 - ii. A system to screen potential interns;
 - iii. A system for accepting interns; and
 - iv. Training for new interns.

5. **Implementation Requirements for Competition #3 – Peer Activities:**

- a. Applicants are required to propose a work plan for a minimum of three (3) peer organized activities that fall into one of the two categories: peer outreach or peer support.
 - i. **Peer Outreach:** Peer outreach activities are led by individuals with lived experience. Activities must promote opioid awareness and access to behavioral health resources and treatment.
 - A. Activities can include, but are not limited to events that bring awareness to OUD and/or promote prevention of opioid use and misuse such as, pop-up events, festivals, conferences, adopting a street or park, etc.

- B. Peer outreach activities shall serve as a safe space for individuals to connect with the DC behavioral health system and its resources across the continuum of care from prevention through treatment and recovery, in an informal setting.
- ii. **Peer Support:** Peer support activities are led by individuals with prior lived experience using opioids. They provide the opportunity for individuals with OUD to interact with each other in an intimate, community-based setting.
 - A. Activities can include, but are not limited to:
 - 1) Peer support groups.
 - 2) Positive social events for peers organized by peers.

D. Administrative Requirements and Information

To be considered for review and funding, applications must meet *all* of the administrative requirements listed below for every competition (unless otherwise noted). ***Failure to meet any one of the following requirements will result in rejection of the application.***

1. The application proposal format conforms to the "Proposal Format and Content" listed in each competition, Section IX.C.1.
2. Provide documentation as listed in Section IX.C.4.
3. The application is printed on 8 1/2 by 11-inch paper, single-spaced, on one side, using 12-point font of Times New Roman with a minimum of one inch margins, with all pages numbered.
4. Narrative for Section IX.D: Program Narrative **must not exceed the following page limits.**

Note: Attachments and appendices do not count toward the page limit.

 - a. **Competition #1:** 7 pages, single-spaced, 12-point font of Times New Roman
 - b. **Competition #2:** 7 pages, single-spaced, 12-point font of Times New Roman
 - c. **Competition #3:** 7 pages, single-spaced, 12-point font of Times New Roman
5. The Work Plan template, Attachment G, is complete.
6. The Budget and Budget Narrative Justification (Attachment H) is complete and complies with Section IX.E. The line item budget narrative justification describes the categories of items proposed.
7. Attachments B, C, D, E and F (Applicant Profile, Certifications and Assurances) are signed.
8. The applicant **must submit** the required six (6) copies of the proposal in sealed envelopes. Of the six (6) copies, one (1) copy should be stamped "original". Two copies of the DBH Receipt Form (Attachment I) should be attached to the outside of the "original" sealed envelope. One copy of the DBH Receipt will stay with DBH and the other copy will be provided to the applicant upon receipt. **Unsealed and unidentified applications will not be accepted.**
9. **Intent to Apply: Applicants are strongly encouraged to complete and submit the Intent to Apply Notification form (Attachment A) by Friday, July 19, 2019. This form will also serve as an attendance confirmation for the pre-application conference.**
10. Pre-Application Conference Date and Time (optional): Wednesday, July 17, 2019, 1:00 p.m. – 4:00 p.m.

- a. **Competition #1:** Integrated MAT – 1:00 p.m. – 2:00 p.m.
 - b. **Competition #2:** CAC Program – 2:00 p.m. – 3:00 p.m.
 - c. **Competition #3:** Peer Activities – 3:00 p.m. – 4:00 p.m.
 - d. **Location:**
64 New York Avenue, NE
DBH Training Room – Room 284e
Washington, DC 20002
11. **Deadline for Applications:** All applications must be submitted no later than 4:45 p.m. Eastern Time (ET) by the deadline date of **Monday, August 5, 2019**, to DBH c/o Daijon Wilburn or Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC, 20002; (202) 671-2792 or (202) 727-9479.
 12. **Points of Contact:** For inquiries, please contact: Kelly Murphy, Project Director, State Opioid Response at kelly.murphy@dc.gov; or Orlando Barker, Project Coordinator, State Opioid Response at orlando.barker@dc.gov.
 13. **To join the pre-application conference remotely:**
Join by phone
1-650-479-3208 Call-in toll number (US/Canada)
Access code: 854 590 723

Join via Webex (webinar):

Link:

<https://dcnet.webex.com/dcnet/j.php?MTID=m656be05630836941469d0ff5156c9825>

Meeting number: 854 590 723

Password: mGm4NqRd

If you are interested in attending the meeting via conference call or WebEx, please email Kelly Murphy at kelly.murphy@dc.gov.

E. Insurance

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:

1. The Organization shall carry employer's liability coverage of at least one hundred thousand dollars (\$100,000), if applicable.
2. 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.
3. 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.

4. The Organization shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia or another State if the grant work is performed outside the District of Columbia. The Organization shall carry workers' compensation insurance covering all of its employees on the premises and in connection with its other operations pertaining to this grant.
5. All insurance provided by the Organization shall set forth the Government of the District of Columbia as an additional insured. All insurance shall be written with responsible companies licensed by the Government of the District of Columbia (1350 Pennsylvania Avenue, NW, DC 20004). The policies of insurance shall provide for at least thirty (30) days written notice to DBH prior to their termination or material alteration.

F. Indemnification

The Applicant/ Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

G. Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax requirements as established in the District of Columbia and eligible jurisdiction and with Federal tax laws and regulations.

H. Board of Directors

Nonprofit organizations must have a functioning governing authority, which has legal and fiduciary authority over the general operation of an organization. Often referred to as “the board,” it should, among other duties, establish policies and provide grant oversight.

Section VI: AMOUNT OF TOTAL FUNDING AND GRANT AWARDS

A. Competition #1: Integrated MAT

Approximately \$390,000 is available to fund up to three (3) grant awards. Each grant award is a minimum of \$130,000. Grants will be awarded by DBH using funds provided by the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response Grant, CFDA #93.788. The grant award is contingent upon available funding.

The grant award will be from October 1, 2019 through September 29, 2020. The grant may be continued for one (1) additional year based on documented project success and the availability of funding.

B. Competition #2: CAC Program

Approximately \$480,000 is available to fund up to four (4) grant awards. Each grant award is \$120,000.00. Grant award amount is based on subsidized work experience for 15 interns at \$16.00/hour for 500 hours for a total of \$120,000.00.

Grants will be awarded by DBH using funds provided by the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), State Opioid Response Grant, CFDA #93.788. The grant award is contingent upon available funding.

The grant award will be from October 1, 2019 through September 29, 2020. The grant may be continued for one (1) additional year based on documented project success and availability of funding.

C. Competition #3: Peer Activities

Approximately \$150,000 is available to fund up to five (5) grant awards. Interested parties can apply for only one award; each award is \$30,000. Grants will be awarded by DBH using funds provided by the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response Grant, CFDA #93.788. The grant award is contingent upon available funding.

The grant award will be from October 1, 2019 through September 29, 2020. The grant may be continued for one (1) additional year based on documented project success and availability of funding.

Section VII: PAYMENTS TO GRANTEE

Upon award, DBH shall provide funding to the sub-grantee according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. Payments to the sub-grantee will be based on a risk assessment conducted by the DBH. Payments may be made as an advance, a cost-reimbursement basis or a combination of both. All payments will be contingent upon compliance with program and financial reporting. DBH reserves the right to withhold any payment if the sub-grantee is found in non-compliance with the DBH Notice of Grant Award, the request for applications and/or the grant agreement.

Competition #1: Integrated MAT and Co- Occurring Conditions

Section VIII: SCOPE OF WORK

A. Background

One important component of LIVE. LONG. DC. and the DCOR initiative is building a robust treatment system, especially for individuals with co-occurring conditions. Specifically, LIVE. LONG. DC. Goal 5, Strategy 5.5, “Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming.” According to the Centers for Disease Control and Prevention, Hepatitis C (HCV) incidence tripled between 2010 and 2015, primarily due to opioid-related drug injection.¹ As a result, the design and scale-up of integrated care models that engage and retain individuals in Human Immunodeficiency Virus (HIV) and HCV prevention, and Medication-Assisted Treatment (MAT) have become an important component to curbing the epidemic. As noted in a 2018 article from *Current HIV/AIDS Reports*,² The most important components for treating opioid use disorder (OUD) simultaneously with HIV and HCV include:

1. The provision of MAT to reduce risks for acquiring HIV and HCV and to prevent HCV re-infection.
2. HIV and HCV treatment to prevent transmission within injection drug and sexual networks (“treatment as prevention, TasP”).
3. Access to HIV pre-exposure prophylaxis (PrEP).
4. Behavioral health services that address psychiatric co-morbidities and increase engagement with and adherence to care.
5. Access to harm reduction services.³

Applicants should develop a comprehensive, coordinated model of care based on the best practices listed above. This can be done in one agency as a one-stop-shop that provides the full range of MAT and HIV/HCV services, or, through external partnerships that bring together MAT and HCV/HIV treatment.

B. Target Population

For the purposes of this RFA, the applicant should focus on individuals in the District who inject drugs (PWID) and have an OUD and another co-occurring physical condition, specifically HIV and/or HCV.

C. Program Approach

Applicants should describe a program that:

1. Integrates MAT, HIV and HCV treatment, as well as other primary care needs. This integrated service model will allow patients to enter care, have their medications

¹ <https://www.cdc.gov/nchhstp/newsroom/2017/hepatitis-surveillance-report.html>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6003996/#>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6003996/>

managed in a collaborative approach through a clinical case manager, with an overall goal of helping patients to remain in a low-threshold system of care. Applicants can do this either in-house as a comprehensive one-stop-shop or through external partnerships, which should be described in detail in the application and through letters of commitment.

2. Provides primary care, HIV and HCV care, specialized MAT programs, transitional clinics, and community-based harm reduction programs or access to these services.
3. Provides low-barrier continuity of care model, which must include access to MAT and care for patients with co-infections or those who are initially seeking sexual health services (i.e. HIV/HCV prevention and screening).
4. Includes clinician education components focused on MAT, HIV, and HCV management.
5. Can have the program operating in the first two (2) months of the grant award.
6. Identifies a consistent source of referrals for patients.
7. Provides or refers clients to recovery support services.
8. Implements overdose prevention strategies, including access to naloxone.
9. Refers clients to WIC, health insurance, and other community resources.
10. Increases access to and compliance with MAT and treatment for HIV, HCV and other health conditions.

D. Data Collection and Tracking

DBH recognizes that responsiveness to unmet community needs is not a stagnant concept, rather it is fluid and dynamic. It is imperative that the applicant build in processes to regularly evaluate the success of the program and adjust the model as needed to overcome challenges and barriers. Applicants should describe in detail their previous experience evaluating outcomes (both process and health focused) and developing reports.

Applicants must describe their capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program. Required key outcomes include, but are not limited to, the following:

1. Retention of HIV-infected PWID in MAT
2. Increase uptake of MAT
 - a. Buprenorphine
 - b. Methadone
 - c. Naltrexone
3. HCV re-infection rates
4. Linkage to other recovery support services
5. Access to harm reduction services
 - a. Naloxone
 - b. Sterile injection equipment

Additional performance measures should align with work plan activities and should include specific numeric targets associated with each activity. Applicants must describe their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing

program activities and progress towards deliverables. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.5, “Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming.” All funded applicants are required to report client-level data in accordance with DBH-specific policies and processes.

Applicants should also obtain continuous feedback (e.g., consumer satisfaction) from the individuals, families and community they serve to ensure that the services offered are aligned with the needs and wants of the community. The applicant must describe the formal process, methods, and frequency (e.g., bi-monthly, paper-based surveys) that they will use to obtain feedback from the individuals, families and community that they intend to serve. Providers are encouraged to be creative and innovative. Engagement of recipients of services in the feedback analysis and action process is encouraged.

E. Program Sustainability

Applicants should describe in their proposals how the program will be sustained after the grant funding ends, including but not limited to the activation of Medicaid and private insurance codes from a financial perspective; ongoing training and the use of train-the-trainer learning approaches; securing new funding; adapting and making system changes, including the use of continuous quality improvement techniques and process improvement strategies; and managing any foreseeable program staffing challenges.

Section IX: APPLICATION INFORMATION AND REQUIREMENTS

A. Pre-Application Conference

A pre-application conference will be held at DBH, 64 New York Avenue, NE, Washington, DC, 20002, 2nd Floor, DBH Training Room 284e on Wednesday, July 17, 2019, from 1:00 p.m. – 2:00 p.m. For more information, please contact Jacqueline Murphy at (202) 727-9479 or Orlando Barker at (202) 727-1595.

B. Application Delivery

Applications are due Monday, August 5, 2019, no later than 4:45 p.m. E.T., to DBH, c/o Daijon Wilburn and Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC 20002; (202) 671-2792 or (202) 727-9479. Applicants should allow at least 30 minutes before the deadline to clear security protocols. **Applications will not be accepted by email or fax.**

Applications received at or after Monday, August 5, 2019, 4:46 p.m. E.T. will not be forwarded to the Review Panel for funding recommendation. Any additions or deletions to an application will not be accepted after the deadline of 4:45 p.m. Applicants will not be allowed to assemble application material on the premises of DBH. Applications must be ready for receipt by DBH.

C. Application Requirements

1. Proposal Format and Content

- a. Applicant Profile (Attachment B)
- b. Table of Contents
- c. Narrative
 - i. Administrative
 - ii. Proposed Work Plan
 - iii. Fiscal and Financial Management
 - iv. Program Reporting
2. **Work Plan Template** (Attachment G)
3. **Budget and Budget Narrative** (Attachment H)
4. **Required Documentation**
 - a. Certifications and Assurances (signed Attachments B, C, D, E and F).
 - b. Articles of Incorporation, if applicable.
 - c. Bylaws, if applicable.
 - d. IRS letter of non-profit corporation status, if applicable.
 - e. List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
 - f. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a 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 the date of the grant application.
 - g. Most recent Form 990, Return of Organization Exempt from Income Tax, if applicable.
 - h. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Consumer and Regulatory Affairs [DCRA] by Monday, August 5, 2019). Please include copy of this receipt with your application.
 - i. Current Certificate of Clean Hands from the Office of Tax and Revenue (Self-certification is NOT acceptable).
 - j. The grantee shall provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their

insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

D. Program Narrative

The narrative section must not exceed 7 pages, single-spaced, 12 pt. font of Times New Roman, and should discuss the process the applicant shall use to meet all requirements and scope of work. The following areas and information shall be included:

1. Administrative

- a. Briefly describe the unmet MAT and HIV/HCV needs, as well as other primary care needs, in the area you propose to serve.
- b. Describe relevant experience, and duration of that experience, in delivering the services or partnering with others to deliver the services proposed under this RFA. Specify experience with OUD clients and clients with HIV and/or HCV.
- c. Describe the team who will work on this initiative, and who will be responsible for implementation and oversight of all elements of the program.
- d. Describe training that the program administrators, facility staff, and providers will undergo.
- e. Describe the location and description of facility, including partner facilities if not a one-stop shop, including hours and days/evenings of operation for the populations served and description of ADA compliance.
- f. Describe how the applicant plans to outreach to members in the community to engage them in the MAT and HIV/HCV services.
- g. Estimate the number of individuals that will be served by the program on a monthly basis with a projected utilization within each distinct service or activity offered.
- h. Describe the continuous feedback loop(s) the applicant will implement with the individuals who are served by this program.
- i. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise.

2. Proposed Work Plan

Provide a work plan (Attachment G) from October 1, 2019 through September 29, 2020 detailing the steps to be taken:

- a. Clearly defined measurable goals, objectives, key metrics and anticipated outcomes.
- b. A timeline for implementation that clearly defines milestones, inclusive of time for a planning phase, which may last no more than two (2) months.
- c. Description of activities and services that will be provided.

- d. A plan to refer individuals to other treatment and recovery support services.
- e. Identification of the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners.

3. Fiscal and Financial Management

- a. Describe how the organization will deliver sound fiscal management, including the fiscal and financial management systems in place that will support the grant.
- b. Describe the sustainability plan of the organization and the expected time and resources needed to implement changes.
- c. Describe the extent to which your organization is willing to commit time and resources to implementing changes, and is likely to sustain and support these changes.

4. Program Reporting

The applicant organization must collect data and provide a monthly report to be submitted to DBH program staff. DBH expects the start-up period to be the first two (2) months of the new grant agreement and that providers will be fully operational within 60 days of receiving the approved DBH grant agreement.

- a. Describe how the organization will track work plan progress to ensure deliverables are achieved. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.5, “Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming.”
- b. Describe how your organization’s plan to ensure start-up occurs within the first two (2) months of the new grant agreement and fully operational within 60 days.
- c. Describe your capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program.
- d. Describe your ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress toward deliverables.

E. Budget Narrative (Attachment H)

Applicants must provide a budget and budget narrative justification of the items included in their proposed budget. Attachment H contains the budget and budget narrative justification form. This form does not count towards the maximum 7 page limit.

1. Personnel – Employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project.
2. Fringe – Components of fringe benefits rate.
3. Consultants/Experts – A contractual arrangement to carry out a portion of the programmatic effort 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.
4. Travel and Transportation – Costs associated with local travel expenditures for staff or client/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance).
5. Supplies and Minor Equipment – Materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink cartridges).
6. Client Cost - 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).
7. Communication - Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.
8. Other Direct Costs – Expenses not covered in any of the previous budget categories.
9. Indirect Costs- – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.

F. Letters of Commitment

Letters of commitment are required from key partner(s) if they are external entities that are providing either the HIV/HCV or MAT components. If the applicant currently provides HIV and HCV services, a partnership with an internal or external clinician providing MAT is also required. Or, if the applicant is a MAT provider, a partnership with an internal or external provider for HIV/HCV services is required. **These commitment letters will not count towards the 7-page limitation.**

1. Applicant should submit all letters of commitment, from other partnering agencies and organizations that will be actively engaged in the proposed project (no template provided).
2. The Applicant must describe the involvement of key partners and the roles they will assume in the implementation of this program.

Section X: EVALUATION PROCESS

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. Scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel's recommendations, he/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 in September 2019.

Section XI: SCORING OF APPLICATIONS

Criterion A – Administrative (Total of 30 Points)

1. The applicant described the unmet MAT and HIV/HCV needs, as well as other primary care needs, in the area they proposed to serve and their experience and their partners experience, if not a one-stop-shop, working with individuals with OUD and HIV/HCV. The applicant described the facility where the services will occur. **(10 points)**
2. The applicant described the team who will work on this initiative, the training they will undergo, and who will be responsible for implementation and oversight of all elements of the program. And, if partnerships were part of the model the applicant explained the role of those partners. **(10 points)**
3. The applicant estimated the number of individuals that will be served by the program and an outreach plan to engage them. **(5 points)**
4. The applicant described continuous feedback loop(s) and any potential challenges related to this work. **(5 points)**

Criterion B – Proposed Work Plan (Total of 40 Points)

1. The applicant clearly defined measurable goals, objectives, key metrics and anticipated outcomes and provided a timeline for implementation for a program that integrates MAT, HIV and HCV treatment to treat co-occurring disorders among the District's residents. **(20 points)**
2. The applicant details involvement of key partners and the roles they will assume in the implementation of this program, and included letters of commitment required from key partner(s) that are providing the MAT or HIV/HCV component of the program. **(10 points)**
3. The applicant described a plan to refer individuals to other treatment and recovery support services. **(5 points)**
4. The applicant identified the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners. **(5 points)**

Criterion C – Fiscal and Financial Management (Total of 15 Points)

1. The applicant described sound fiscal management including the fiscal and financial management systems in place that will support the grant. **(5 points)**
2. The applicant described their sustainability plan and willingness to commit time and resources to implementing changes. **(10 points)**

Criterion D – Program Reporting (Total of 10 Points)

1. The applicant described how the organization will track work plan progress to ensure deliverables are achieved. It included specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.5, “Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming.” **(5 points)**
2. The applicant described the organization’s plan to ensure start-up occurs within the first 2 months of the new Grant Agreement; and fully operational within 60 days. **(5 points)**

Criterion E – Budget and Budget Narrative (Total of 5 points)

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

Section XII: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one of four categories below:

Ranking Classification	Point Range
Most Qualified	95-100
Very Qualified	80-94
Qualified	70-79
Minimally Qualified	69 and below

When the applications are received, a panel of independent reviewers identified by DBH will review the applications and rank the responses based on the information submitted using the criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the applicants that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XIII: AUDITS AND DISALLOWANCES

The DBH may conduct fiscal and/or program audits of the sub-grantee either directly or by an independent auditor. The sub-grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The sub-grantee shall cooperate fully and promptly with any audit.

To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of the DBH may conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring and evaluation purposes.

Monthly Programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The sub-grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.

If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

Competition #2:
Certified Addiction Counselor
Workforce Development
Program

Section VIII: SCOPE OF WORK

A. Background

One important component of LIVE. LONG. DC. and the DCOR initiative is building a robust treatment and recovery workforce. Specifically, LIVE. LONG. DC. Goal 3, Strategy 3.5, “Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce’s ability to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder.” This project will expand the eligible pool of individuals eligible to become Certified Addictions Counselors (CAC) in the District of Columbia by providing the necessary 500 hours of supervised experience from a qualified practitioner in areas outlined in the certification regulations.

B. Target Population

Persons eligible for CAC certification, which includes the following:

1. Has at least an Associate’s degree in a health or human services field.
2. Can show 3 hours of coursework in each of the following areas:
 - a. Understanding human behavior and family systems;
 - b. Signs and symptoms of Substance Abuse;
 - c. Recovery process, stages of change, relapse prevention, treatment approaches, group dynamics and other adjunctive treatment recovery support groups, motivational interviewing, and models and theories of addiction;
 - d. Ethics, rules and regulations;
 - e. Professional identity;
 - f. Crisis intervention;
 - g. Cultural factors and competencies;
 - h. Co-occurring disorders in interdisciplinary treatment;
 - i. Diagnostic and screening criteria in addictions; and
 - j. Psychopharmacology resources in the treatment of addictions.

C. Program Approach

For the purposes of this competition, the applicant (i.e., SUD provider) should focus on a comprehensive SUD community-based treatment and support services program to provide supervised experiences from a qualified practitioner in:

1. Understanding the dynamics of human behavior and family systems;
2. Signs and symptoms of SUD;
3. Recovery process, stages of change, relapse prevention, treatment approaches, group dynamics and other adjunctive treatment recovery support groups, motivational interviewing and models and theories of addiction;
4. Ethics, rules and regulations;
5. Professional identify in the provision of SUD services;

6. Crisis intervention;
7. SUD counseling treatment planning and research;
8. Counseling skills for individual and group, motivational interviewing;
9. Cultural factors and competencies in addiction;
10. Co-occurring disorders and interdisciplinary treatment;
11. Diagnostic and screening criteria in addictions; and
12. Psychopharmacology resources in the treatment of addictions.

The applicant should implement a specialized intern program that:

1. Describes how interns will be deemed eligible and recruited;
2. Describes the screening process for interns that must meet the minimal educational requirements to qualify for CAC certification and have the pre-requisite coursework or be currently enrolled in a program obtaining the necessary coursework to become a CAC; and
3. Outline the duties of the interns and how they are associated with the supervised experiences outlined above.

Applicants should explain how they will provide the following specific services:

1. Training of interns; and
2. Supervision of interns from a qualified practitioner.

D. Data Collection and Tracking

DBH recognizes that responsiveness to unmet community needs is a fluid and dynamic process. It is imperative that the applicant build in processes to regularly evaluate the success of the program and adjust the model as needed to overcome challenges and barriers. Applicants should describe in detail their previous experience evaluating outcomes (both process and health focused) and developing reports.

Applicants must describe their capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program. Required key outcomes include, but are not limited to, the following:

1. Number of interns accepted;
2. Number of interns trained;
3. Number of hours each intern has completed;
4. Number of interns completing the 500 hour requirement;
5. Number of interns submitting a CAC application; and
6. Number of interns successfully getting their CAC.

As the grant progresses, counts for each of these measures will be reviewed in trend line format so that any change in services is detected. Additional metrics may be added through the term of the grant.

Additional performance measures should align with work plan activities and should include specific numeric targets associated with each activity. Applicants must describe their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 3, Strategy 3.5, “Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce’s ability to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder.” All funded applicants are required to report data in accordance with DBH-specific policies and processes.

Applicants should also obtain continuous feedback (e.g., consumer satisfaction) from the interns and community stakeholders to ensure that the services offered are aligned with the needs and wants of the community. The applicant must describe the formal process, methods, and frequency (e.g., bi-monthly, paper-based surveys) that they will use to obtain feedback about the intern program. In addition, the applicant must describe the process and frequency they plan to analyze and act upon the feedback they receive from the individuals, families and community. Providers are encouraged to be creative and innovative. Engagement of recipients of services in the feedback analysis and action process is encouraged.

E. Program Sustainability

Applicants should describe in their proposals how the program will be sustained after grant funding ends, including but not limited to ongoing training and the use of train-the-trainer learning approaches; securing new funding; adapting and making system changes, including the use of continuous quality improvement techniques and process improvement strategies; and managing any foreseeable program staffing challenges.

Section IX: APPLICATION INFORMATION AND REQUIREMENTS

A. Pre-Application Conference

A pre-application conference will be held at DBH, 64 New York Avenue, NE, Washington, DC, 20002, 2nd Floor, DBH Training Room 284e on Wednesday, July 17, 2019, from 2:00 p.m. – 3:00 p.m. For more information, please contact Jacqueline Murphy at (202) 727-9479 or Orlando Barker at (202) 727-1595.

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C. Application Requirements

1. Proposal Format and Content

- a. Applicant Profile (Attachment B)
- b. Table of Contents
- c. Narrative
 - i. Administrative
 - ii. Proposed Work Plan
 - iii. Fiscal and Financial Management
 - iv. Program Reporting

2. Work Plan Template (Attachment G)

3. Budget and Budget Narrative (Attachment H)

4. Required Documentation

- a. Certifications and Assurances (signed Attachments B, C, D, E and F)
- b. Articles of Incorporation, if applicable.
- c. Bylaws, if applicable.
- d. IRS letter of non-profit corporation status, if applicable.
- e. List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
- f. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a 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 the date of the grant application.
- g. Most recent Form 990, Return of Organization Exempt from Income Tax, if applicable.
- h. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Consumer and Regulatory Affairs (DCRA) by Monday, August 5, 2019. Please include copy of this receipt with your application.)
- i. Current Certificate of Clean Hands from the Office of Tax and Revenue (Self-certification is NOT acceptable.)
- j. The grantee shall provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability

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

D. Program Narrative

The narrative section must not exceed seven (7) pages, single spaced, 12 pt. font of Times New Roman and should discuss the process the applicant shall use to meet all requirements and scope of work. The following areas and information shall be included:

1. Administrative

- a. Briefly describe the unmet need for CAC workforce development.
- b. Describe relevant experience, and duration of that experience, in delivering the services proposed under this RFA. Specify experience with providing supervision and training to interns around SUD treatment with a focus on OUD.
- c. Describe the team who will work on this initiative, and who will be responsible for implementation and oversight of all elements of the program, including training and supervision of the interns.
- d. Estimate the number of individuals that will be served by the program on a monthly basis.
- e. Describe how interns will be recruited and deemed eligible/screened for minimal educational requirements, pre-requisite coursework or currently enrolled in a program.
- f. Describe the duties of the interns and how they are associated with the experiences outlined in the target population.
- g. Describe the continuous feedback loop(s) the applicant will implement with the participants and other community stakeholders it intends to serve.
- h. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise.

2. Proposed Work Plan

Provide a work plan (Attachment G) from October 1, 2019 through September 29, 2020 detailing the following components:

- a. Clearly defined measurable goals, objectives, key metrics, and anticipated outcomes for a program that provides CAC internship experience that will fulfill the documented supervised experience requirements outlined by the Department of Health, Health Professional Licensing Administration for CAC I or CAC II.

- b. A timeline for implementation that clearly defines milestones, inclusive of time for a planning phase, which may last no more than one (1) month. Timeline should describe when each component of the internship will be addressed.
- c. Description of activities and services that will be provided including how the required internship objectives will be implemented and supervised from a qualified practitioner.
- d. Identify other resources that can be leveraged to support the project along with a rationale for their inclusion.
- e. Description of involvement of key partners and the roles they will assume in the implementation of this program.
- f. Identification of the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners.

3. Fiscal and Financial Management

- a. Describe how the organization will deliver sound fiscal management including the fiscal and financial management systems in place that will support the grant.
- b. Describe the sustainability plan of the organization.
- c. Describe the extent to which your organization is willing to commit time and resources to implementing changes, and is likely to sustain and support these changes.

4. Program Reporting

The applicant organization must collect data and provide a monthly report to be submitted to DBH Program Staff. DBH expects the start-up period to be the first month of the new Grant Agreement; and that providers will be fully operational within 30 days of receiving the approved DBH Grant Agreement.

- a. Describe how the organization will track work plan progress to ensure deliverables are achieved. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 3, Strategy 3.5, “Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce’s ability to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder.”
- b. Describe how your organization’s plan to ensure start-up occurs within the first month of the new Grant Agreement; and fully operational within 30 days.
- c. Describe their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. Including but not limited to capturing, reporting, and reviewing key outcomes (both process-related metrics, and health-related metrics) for the program.

E. Budget Narrative (Attachment H)

Applicants must provide a budget and budget narrative justification of the items included in their proposed budget. Attachment H contains the budget and budget narrative justification form. This form does not count towards the maximum 7 page limit.

1. Personnel – employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project.
2. Fringe – components of fringe benefits rate.
3. Consultants/Experts – a contractual arrangement to carry out a portion of the programmatic effort 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.
4. Travel and Transportation – Costs associated with local travel expenditures for staff or client/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance).
5. Supplies and Minor Equipment – materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink cartridges).
6. Client Cost - 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).
7. Communication - Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.
8. Other Direct Costs – expenses not covered in any of the previous budget categories.
9. Indirect Costs- – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.

Section X: EVALUATION PROCESS

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. Scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel's recommendations, he/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 in September 2019.

Section XI: SCORING OF APPLICATIONS

Criterion A – Administrative (Total of 30 Points)

1. The applicant described the unmet need for CAC workforce development, relevant experience, duration of experience and delivering the proposed services.
(10 points)

2. The applicant described the team who will work on this initiative, and who will be responsible for implementation and oversight of all elements of the program, including training and supervision of the interns. **(5 points)**
3. The applicant projected the number of individuals that will be served by the program on a monthly basis. **(3 points)**
4. The applicant described how interns will be recruited and deemed eligible/screened for minimal educational requirements, pre-requisite coursework or currently enrolled in a program. **(3 points)**
5. The applicants described the duties of the interns and how they are associated with the experiences outlined in the target population. **(3 points)**
6. The applicant described continuous feedback loop(s) and any potential challenges related to this work. **(3 points)**
7. The applicant described any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise. **(3 points)**

Criterion B – Proposed Work Plan (Total of 40 Points)

1. The applicant clearly defined measurable goals, objectives, key metrics, and anticipated outcomes for a program that provides CAC internship experience that will fulfill the documented supervised experience requirements outlined by the Department of Health, Health Professional Licensing Administration for CAC I or CAC II. **(10 points)**
2. The applicant provided a detailed description of timeline for implementation that clearly defined milestones, inclusive of time for a planning phase, which may last no more than one (1) month. Timeline should describe when each component of the internship will be addressed. **(5 points)**
3. The applicant provided a description of activities and services that will be provided including how the required internship objectives will be addressed. **(5 points)**
4. The applicant identified other resources that can be leveraged to support the project along with a rationale for their inclusion. **(5 points)**
5. The applicant provided a description of key partners and the roles they will assume in the implementation of this program. **(5 points)**
6. The applicant identified the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners. **(10 points)**

Criterion C – Fiscal and Financial Management (Total of 15 Points)

1. The applicant described sound fiscal management including the fiscal and financial management systems in place that will support the grant. **(5 points)**
2. The applicant described their sustainability plan and willingness to commit time and resources to implementing changes. **(10 points)**

Criterion D – Program Reporting (Total of 10 Points)

1. The applicant described how the organization will track work plan progress to ensure deliverables are achieved. This included specific information about how the program will advance LIVE. LONG. DC. Goal 3, Strategy 3.5, “Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce’s ability to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder.” **(5 points)**
2. The applicant described the organization’s plan to ensure start-up occurs within the first month of the new Grant Agreement; and fully operational within 30 days. **(2 points)**
3. The applicant described their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. Including but not limited to capturing, reporting, and reviewing key outcomes (both process-related metrics, and health-related metrics) for the program. **(3 points)**

Criterion E – Budget and Budget Narrative (Total of 5 points)

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

Section XII: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one of four categories below:

Ranking Classification	Point Range
Most Qualified	95-100
Very Qualified	80-94
Qualified	70-79
Minimally Qualified	69 and below

When the applications are received, a panel of independent reviewers identified by DBH will review the applications and rank the responses based on the information submitted using the criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the applicants that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XIII: AUDITS AND DISALLOWANCES

The DBH may conduct fiscal and/or program audits of the sub-grantee either directly or by an independent auditor. The sub-grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The sub-grantee shall cooperate fully and promptly with any audit.

To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of the DBH may conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring and evaluation purposes.

Monthly Programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The sub-grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.

If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

**Competition #3:
DC Peer Organized Activities
Supporting Individuals with
Opioid Use Disorders (OUD)
and Providing Awareness
about Opioid Use and Misuse**

Section VIII: SCOPE OF WORK

A. Background

One important component of the DCOR initiative and the LIVE. LONG. DC. LIVE. Plan is strategy 5.6: “increase the presence of peer support groups/programs (e.g., 12- step programs, clubhouses, 24- hour wellness peer organized activity, sober houses, peer-operated peer organized activity) throughout the community (e.g., faith-based institutions, community peer organized activity, schools) for people in recovery and monitor the quality and effectiveness of programming.” In order to achieve that strategy and the overarching goal of ensuring equitable and timely access to high-quality substance use disorder treatment and recovery support services, DBH is using DCOR funds to expand the peer recovery supportive services in an effort to increase access to OUD treatment and improve care coordination.

DBH’s Consumer and Family Affairs Administration (CFAA) is supporting peer organized activities in order to help attain and sustain long-term recovery for consumers and families impacted by behavioral health challenges. Peer organized activities are important components to a behavioral health system that seeks to offer a wide array of services to assist individuals and their families with initiating and sustaining recovery; improving global health (physical, emotional, relational and ontological-life meaning and purpose); citizenship (positive participation in and contribution to community life); and a lifetime of wellness for all individuals, families and the entire community. As a result, community-based services for persons with behavioral health concerns are improved and recovery is reinforced.

Applicants should construct thoughtful proposals that describe activities that further these goals. These grants are meant for smaller peer-led projects that focus on individuals with OUD or at-risk for OUD in the areas of outreach and support. All proposals should include special attention to cultural considerations of the target audience that the peer organized activities expect to serve, all within the constraints of operational expectations. Innovative ideas that show promise, provide support and education for individuals with OUD or at-risk for OUD, promote awareness design and/or interventions that build upon essential core program elements are encouraged.

B. Target Population

District residents with OUD or at-risk for OUD.

C. Program Approach

Applicants should construct thoughtful proposals that describe a minimum of three (3) peer organized activities that fall into one of the two categories, peer outreach or peer support. Activities are meant for smaller peer-led projects that focus on individuals with OUD or at-risk for OUD. All proposals should include special attention to the cultural of the intended audience.

Innovative ideas are encouraged. The following approaches are also encouraged: 1) provide support and education for individuals with OUD or at-risk for OUD; 2) promote opioid awareness; and/or 3) exercise interventions that build upon essential core program elements. Peer organized activities are defined as follows:

1. Peer outreach activities: Build recovery capital for individuals, families and communities touched by the opioid crisis through the promotion of recovery services in communities where recovery needs may be systemically unmet. Activities enhance public awareness and build a positive public perception of treatment, prevention, and recovery for OUD and the benefits of a lifetime of wellness.
2. Peer support activities: Assist individuals and families on how to access, engage and navigate the behavioral health system. Activities engage individual and families in building self-directed wellness plans, learning about behavioral health rights and/or advocating for needs.

D. Data Collection and Tracking

DBH recognizes that responsiveness to unmet community needs is not a stagnant concept, rather it is fluid and dynamic. It is imperative that the applicant build in processes to regularly obtain continuous feedback (e.g., bi-monthly, paper-based surveys) from individuals, families and the community served to ensure alignment with the needs of the community.

The applicant must describe the formal process, methods, and frequency that they will use to obtain feedback from the individuals, families and community that they intend to serve. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.6, “Increase the presence of peer support groups/programs (e.g., 12- step programs, clubhouses, 24- hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.” Even if the activity is a one-day event, there must be a process to identify outcomes and report them back to DBH.

In addition, the applicant must describe the process and frequency they plan to analyze and act upon the feedback they receive from individuals, families and community. Applicants are encouraged to be creative and innovative. Engagement of recipients of services in the feedback analysis and action process is encouraged.

The applicant organization must collect data during each event and submit this data after each session ends. This data includes the submission of:

1. Total unique participants served during the reporting period with an identification of individuals, family members, community members at-large;
2. Any changes in staff and/or hours of operation;
3. Completed sign-in sheets of each event;
4. Basic demographic information on participants;
5. Summarized list of major themes and comments from the community.

E. Program Sustainability

Applicants are encouraged to partner with existing peer-run organizations, government agencies, faith-based organizations, community-based organizations, behavioral health providers and educational institutions. Creativity in diversifying revenue sources and leveraging relationships is also encouraged.

Section IX: APPLICATION INFORMATION AND REQUIREMENTS

A. Pre-Application Conference

A pre-application conference will be held at DBH, 64 New York Avenue, NE, Washington, DC, 20002, 2nd Floor, DBH Training Room 284e on Wednesday, July 17, 2019, from 3:00 p.m. – 4:00 p.m. For more information, please contact Jacqueline Murphy at (202) 727-9479 or Orlando Barker at (202) 727-1595.

B. Application Delivery

Applications are due Monday, August 5, 2019, no later than 4:45 p.m. E.T., to DBH, c/o Daijon Wilburn and Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC 20002; (202) 671-2792 or (202) 727-9479. Applicants should allow at least 30 minutes before the deadline to clear security protocols. **Applications will not be accepted by email or fax.**

Applications received at or after Monday, August 5, 2019, 4:46 p.m. E.T. will not be forwarded to the Review Panel for funding recommendation. Any additions or deletions to an application will not be accepted after the deadline of 4:45 p.m. Applicants will not be allowed to assemble application material on the premises of DBH. Applications must be ready for receipt by DBH.

C. Application Requirements

- 1. Proposal Format and Content**
 - a. Applicant Profile (Attachment B)
 - b. Table of Contents
 - c. Narrative
 - i. Administrative
 - ii. Proposed Work Plan
 - iii. Fiscal and Financial Management
 - iv. Program Reporting
- 2. Work Plan Template (Attachment G)**
- 3. Budget and Budget Narrative (Attachment H)**
- 4. Required Documentation**
 - a. Certifications and Assurances (signed Attachments B, C, D, E and F)
 - b. Articles of Incorporation, if applicable.

- c. Bylaws, if applicable.
- d. IRS letter of non-profit corporation status, if applicable.
- e. List of current board of directors, if applicable. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
- f. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a 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 the date of the grant application.
- g. Most recent Form 990, Return of Organization Exempt from Income Tax, if applicable.
- h. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Consumer and Regulatory Affairs (DCRA) by Monday, August 5, 2019). Please include copy of this receipt with your application.
- i. Current Certificate of Clean Hands from the Office of Tax and Revenue (**Self-certification is NOT acceptable**).
- j. The grantee shall provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

D. Program Narrative

The narrative section must not exceed seven (7) pages, single spaced with 12pt. font of Times New Roman, and should discuss the process the applicant shall use to meet all requirements and scope of work. The following areas and information shall be included:

1. Administrative

- a. Describe the unmet needs in the geographical area(s) proposed to be served, including the needs of individuals with OUD or individuals at-risk of OUD. Clearly identify whether proposed activities are peer outreach or peer support.

- b. Describe applicant’s relevant experience, and duration of that experience, concerning SUD/ODD related peer support and/or outreach activities.
- c. Describe how the applicant plans to engage members in the community in support of peer activities.
- d. Describe the continuous feedback loop(s) the applicant will implement with the participants it intends to serve.
- e. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise.

2. Proposed Work Plan

Provide a work plan (Attachment G) from October 1, 2019 through September 29, 2020 detailing the steps to be taken:

- a. Clearly defined measurable goals, objectives and anticipated outcomes.
- b. A timeline for the peer organizing activities that clearly defines milestones, inclusive of startup, and the roles key team members will play in this process.
- c. Location and area of the activities including hours and days/evenings of operation for the populations served, including any proposed locations.
- d. Description of involvement of key partners and the roles they will assume in the implementation of this program.
- e. Identification of the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners.

3. Fiscal and Financial Management

- a. Describe how the organization will deliver sound fiscal management including the fiscal and financial management systems in place that will support the grant.
- b. Describe the sustainability plan of the organization, key partnerships and your willingness to commit time and resources to implementing changes.

4. Program Reporting

- a. Describe how your organization will track work plan progress to ensure deliverables are achieved. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.6, “Increase the presence of peer support groups/programs (e.g., 12- step programs, clubhouses, 24- hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.”
- b. Describe how your organization will track key outcomes and conduct an evaluation of the peer organized activity, which includes, but not limited to number of people served, participant satisfaction and opinions on the activity, overall community change that occurred as a result of the event, fiscal, data information, and quality management of service processes.

E. Budget Narrative (Attachment H)

Applicants must provide a budget and budget narrative justification of the items included in their proposed budget. Attachment H contains the budget and budget narrative justification form. This form does not count towards the maximum (*must not exceed*) 7 page limit.

1. Personnel – employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project.
2. Fringe – components of fringe benefits rate.
3. Consultants/Experts – a contractual arrangement to carry out a portion of the programmatic effort 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.
4. Occupancy – Costs associated with the rental or lease of space for the peer organized activity (if applicable).
5. Travel and Transportation – Costs associated with local travel expenditures for staff or client/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance).
6. Supplies and Minor Equipment – materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink cartridges).
7. Client Cost - Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measurable outcomes (e.g., food costs, gift cards, giveaways, stipends).
8. Communication - Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.
9. Other Direct Costs – expenses not covered in any of the previous budget categories.
10. Indirect Costs – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.

Section X: EVALUATION PROCESS

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. Scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel's recommendations, he/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 in September 2019.

Section XI: SCORING OF APPLICATIONS

Criterion A – Administrative (Total of 30 Points)

1. The applicant described the unmet needs in the geographical area(s) proposed to be served, including the needs of individuals with OUD or individuals at-risk of OUD. Applicant clearly identified whether proposed activities are peer outreach or peer support. **(5 points)**
2. The applicant detailed their relevant experience and duration of that experience, concerning SUD/OUD related peer support and/or outreach activities. **(10 points)**
3. The applicant detailed plans to engage members in the community in support of peer activities. **(5 points)**
4. The applicant provided a description of the continuous feedback loop(s) it will implement with the participants it intends to serve. **(5 points)**
5. The applicant described any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise. **(5 points)**

Criterion B – Proposed Work Plan (Total of 30 Points)

1. The applicant clearly defined measurable goals, objectives, key metrics, and anticipated outcomes of peer organized activities. **(10 points)**
2. The applicant provided a detailed description of a timeline for the peer organizing activities that clearly defines milestones, inclusive of startup, and the roles peers will play in this process. **(5 points)**
3. The applicant provided a location and area of the activities including hours and days/evenings of operation for the populations served, including any proposed locations. **(5 points)**
4. The applicant provided a description of key partners and the roles they will assume in the implementation of this program. **(5 points)**
5. The applicant identified the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners. **(5 points)**

Criterion C – Fiscal and Financial Management (Total of 20 Points)

1. The applicant described sound fiscal management including the fiscal and financial management systems in place that will support the grant. **(10 points)**
2. The applicant described their sustainability plan, key partnerships and willingness to commit time and resources to implementing changes. **(10 points)**

Criterion D – Program Reporting (Total of 10 Points)

1. The applicant described how the organization will track work plan progress to ensure deliverables are achieved. **(5 points)**
2. The applicant described how the organization will track key outcomes and conduct an evaluation of the peer organized activity which includes, but is not limited to

number of people served, participant satisfaction and opinions on the activity, overall community change that occurred as a result of the event, fiscal, data information, and quality management of service processes. This also included specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.6, “Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouses, 24- hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.” (5 points)

Criterion E – Budget and Budget Narrative (Total of 10 points)

1. The applicant provided a budget and budget narrative justification of the items included in their proposed budget. (10 points)

Section XII: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one of four categories below:

Ranking Classification	Point Range
Most Qualified	95-100
Very Qualified	80-94
Qualified	70-79
Minimally Qualified	69 and below

When the applications are received, a panel of independent reviewers identified by DBH will review the applications and rank the responses based on the information submitted using the criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the applicants that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XIII: AUDITS AND DISALLOWANCES

The DBH may conduct fiscal and/or program audits of the sub-grantee either directly or by an independent auditor. The sub-grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The sub-grantee shall cooperate fully and promptly with any audit.

To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of the DBH may

conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring and evaluation purposes.

Monthly Programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The sub-grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.

If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

Section XIV: ATTACHMENTS TO THE RFA

Attachment A	Intent to Apply Notification
Attachment B	Application Profile
Attachment C	DBH Statement of Certification
Attachment D	Federal Assurances
Attachment E	Certifications Regarding Lobbying, Debarment and Suspension, Exclusions, Other Responsibility Matters, and Requirements for a Drug Free Workplace
Attachment F	Certification of Applicant
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 071219**

**Intent to Apply Notification
Due Date: Friday, July 19, 2019**

TO: Department of Behavioral Health, Grants Management Office
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: Integrated MAT Yes No
Competition #2: CAC Program Yes No
Competition #3: Peer Activities 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 Friday, July 19, 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 Wednesday, July 17, 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 071219**

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 C

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF BEHAVIORAL HEALTH (DBH)

Department of Behavioral Health Statement of Certification

- A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. Applicant/ Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. Applicant/ Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/ Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/ Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/ Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
- I. That the Applicant/ Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

- J. That the Applicant/ Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Applicant/ Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/ Grantee’s performance to OPGS which shall collect such reports and make the same available on its intranet website;
- K. That the Applicant/ Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/ Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/ Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the applicant complies with applicable Drug and Alcohol Testing provisions of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004 (CYSHA);
- O. That the Applicant/ Grantee complies with provisions of the Drug-Free Workplace Act; and
- P. That the Applicant/ Grantee meet all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- Q. That the Applicant/ Grantee ensures that all required staff have the criminal background checks required for working with children pursuant to D.C. Code 4-1501.01 et. seq., “Criminal Background Checks for Government Services to Children.”
- R. That the Applicant/ Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the Applicant/ Grantee, I hereby certify that the Applicant/ Grantee will comply with the above certifications.

Applicant/ Grantee Name

City _____ State _____ Zip Code _____
Street Address

District of Columbia Opioid Response (DCOR) Grant Opportunities
Project Name

Applicant/ Grantee IRS/Vendor Number

Signature: _____
Name and Title of Authorized Representative

Date

ATTACHMENT D

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF BEHAVIORAL HEALTH (DBH)

Federal Assurances

Applicant/ Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/ Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. .
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
10. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the

Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

11. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
12. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
 - a. The Hatch Act, 53 Stat. 1147, 5 U.S.C. § 7221 *et seq.*
 - b. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060, 29 U.S.C. § 201 *et seq.*
 - c. The Clean Air Act (Sub-grants over \$100,000) 42 USC § 7401 *et seq.*
 - d. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590, 29 U.S.C. § 651 *et seq.*
 - e. The Hobbs Act (Anti-Corruption) 18 U.S.C. §§ 371, 1951.
 - f. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat. 56, 29 U.S.C. § 201,
 - g. Age Discrimination in Employment Act, 29 U.S.C. § 621 *et seq.*
 - h. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, 8 U.S.C. § 1101.
 - i. Executive Order 12459 (Debarment, Suspension and Exclusion).
 - j. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6, 5 U.S.C. 6381 *et seq.*
 - k. Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693, 31 U.S.C. 1352.
 - l. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (21 U.S.C. 20 *et seq.*
 - m. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20.
 - n. District of Columbia Human Rights Act of 1977, D.C. Code § 2-1401.01 *et seq.*
 - o. District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Code § 2-1931 *et seq.*

As the duly authorized representative of the Applicant/ Grantee, I hereby certify that the Applicant/ Grantee will comply with the above certifications.

Applicant/ Grantee Name

City _____ State _____ Zip Code _____
Street Address

District of Columbia Opioid Response (DCOR) Grant Opportunities
Project Name

Applicant/ Grantee IRS/Vendor Number

Signature:

Name and Title of Authorized Representative

Date

ATTACHMENT E

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF BEHAVIORAL HEALTH (DBH)

Certifications Regarding Lobbying, Debarment and Suspension, Exclusions, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Applicant/ Grantee should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- A. No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant cooperative agreement;
- B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- C. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including sub grants, contracts under grants and cooperative agreements, and subcontracts and that all sub recipients shall certify and disclose accordingly.

2. Debarment and Suspension, Exclusions, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510.

The Grantee certifies that it and its, principals, has:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (2)(B) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and
- E. Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.
- F. Ensure on an ongoing basis that no individual is excluded from participation in a federal health care program as found on the Department of Health and Human Services *List of Excluded Individuals/Entities* (<http://exclusions.oig.hhs.gov/>). The entity further should not be included on the D.C. Excluded Parties List (<https://ocp.dc.gov/page/excluded-parties-list>).
- G. Further, the applicant shall disclose in a written statement, the truth of which is sworn or attested to by the applicant, whether the applicant, any of its officers, partners, principals, members, or key employees within the last three (3) years prior to the date of the application has been:
 - a. indicted or had charges brought against them (if still pending) and/or been convicted of (a) any crime or offense arising directly or indirectly from the conduct of the applicant's organization or (b) any crime or offense involving financial misconduct or fraud, or
 - b. been the subject of legal proceedings arising directly from the provision of services by the organization. If the response is in the affirmative, the applicant shall fully describe any such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620, the Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

B. Establishing an on-going drug-free awareness program to inform employees about:

1. The dangers of drug abuse in the workplace;
2. The Grantee's policy of maintaining a drug-free workplace;
3. Any available drug counseling, rehabilitation, and employee assistance programs;
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
5. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (A);
Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee would---Abide by the terms of the statement;
6. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
7. Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph 3 (B) (8) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: the **Grant Administrator** identified in the grant agreement, and the **Director – Department of Behavioral Health at 64 New York Avenue, NE, Washington DC 20002**. Notice shall include the identification number(s) of each affected grant;
8. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (3)(B)(8),(9), with respect to any employee who is so convicted ---
 - a. Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - c. Making a good faith effort to continue to maintain a drug-free workplace.
9. The Grantee may insert in the space provided below the sites for the performance of work done in connection with the specific grant:
 - a. Place of Performance (Street address, city, county, state, zip code)
 - b. Drug-Free Workplace Requirements (Awardees who are Individuals)
10. As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67.615 and 67.620-
 - a. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

- b. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:
1. The Grant Administrator identified in the Grant Agreement; and;
 2. D.C. Department of Behavioral Health, 64 New York Avenue, NE. Washington, DC 20002. (Attn: Director-Department of Behavioral Health.

As the duly authorized representative of the Applicant/ Grantee, I hereby certify that the Applicant/ Grantee will comply with the above certifications.

Applicant/Grantee Name

City _____ State _____ Zip Code _____
Street Address

District of Columbia Opioid Response (DCOR) Grant Opportunities
Project Name

Applicant/ Grantee IRS/Vendor Number

Signature:

Name and Title of Authorized Representative

Date

ATTACHMENT F

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF BEHAVIORAL HEALTH (DBH)

Certification of Applicant

I hereby certify the following:

I understand and agree that if I am awarded grant funds that I am required to use the grant funds for the sole purpose of funding personnel, fringe, occupancy, travel and transportation, minor equipment, supplies, consultants/experts, communications, client costs, other direct costs, and indirect costs for the **District of Columbia Opioid Response (DCOR) Grant Opportunities** under **RFA# RM0 DCOR 071219**.

I am in compliance with the eligibility requirements and have the ability to meet and satisfy the implementation requirements.

I understand that I am required to be in compliance with D.C. Municipal Code, Title 22A, Chapter 44, and D.C. tax laws to receive grant funds.

I also understand that I am required to submit receipts to DBH within thirty (30) days of receiving grant funds to verify that I have used grant funds as agreed to and authorized.

I further understand that DBH reserves the right to rescind this grant notice as necessary, that the RFA does not commit DBH to make awards and that DBH is not liable for any costs incurred by applicants in applying for grants.

I also understand that I must sign a grant agreement at the time of the award and comply with any additional legal requirements including submission of required documents.

Authorized Agency Representative. Print name and title.

Signature

Date

ATTACHMENT G

**District of Columbia Opioid Response (DCOR) Grant Opportunities
RFA # RM0 DCOR 071219**

	Competition #1: Integrated MAT
	Competition #2: CAC Program
	Competition #3: Peer Activities

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:			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
• • • •	• • • •	• • • •	
Process Objective #2:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • • •	• • • •	• • • •	
Process Objective #3:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • • •	• • • •	• • • •	

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

BUDGET JUSTIFICATION AND NARRATIVE

Competition (check one per application)

<input type="checkbox"/>	Competition #1: Integrated MAT
<input type="checkbox"/>	Competition #2: CAC Program
<input type="checkbox"/>	Competition #3: Peer Activities

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: Local travel 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 071219

Competition # (check one per application)

<input type="checkbox"/>	Competition #1: Integrated MAT
<input type="checkbox"/>	Competition #2: CAC Program
<input type="checkbox"/>	Competition #3: Peer Activities

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: _____