**Request for Applications (RFA) RFA**

**No. RM0 DC PEER OUD 061419**

****

**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**RFA Title: DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness about Opioid Misuse**

**ATTACHMENTS A, F, G, H, and I – WORD VERSION**

**ATTACHMENTS TO THE RFA**

Attachment A Application Profile

Attachment F Peer Operated Center Program Calendar

Attachment G Work Plan Template

Attachment H Budget and Budget Narrative Justification Form

Attachment I DBH Receipt

**ATTACHMENT A**

**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**RFA Title: DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness about Opioid Misuse**

**RFA# RM0 DC PEER OUD 061419**

**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: |

|  |
| --- |
| **RFA Abstract (Limit 200 words)**Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ATTACHMENT B**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**



**DEPARTMENT OF BEHAVIORAL HEALTH (DBH)**

**Department of Behavioral Health Statement of Certification**

1. 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)
2. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. 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;
4. 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)
5. 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;
6. 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;
7. 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;
8. 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;
9. 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;
10. 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;
11. That the Applicant/ Grantee has a satisfactory record of integrity and business ethics;
12. 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;
13. That the Applicant/ Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. That the Applicant/ Grantee complies with provisions of the Drug-Free Workplace Act; and
15. That the Applicant/ Grantee meet all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
16. 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.”
17. 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

**DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness about Opioid Misuse**

Project Name

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

Applicant/ Grantee IRS/Vendor Number

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_

 Name and Title of Authorized Representative Date

**ATTACHMENT C**

**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. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
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 flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. 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; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. 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.
13. 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.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. 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:
	1. The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et. seq.)
	2. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et. seq.)
	3. The Clean Air Act (Sub-grants over $100,000) Pub. L. 108–201, February 24, 2004, 42 USC cha. 85 et. seq.
	4. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et. seq.)
	5. The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
	6. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
	7. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
	8. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
	9. Executive Order 12459 (Debarment, Suspension and Exclusion)
	10. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et. seq.)
	11. Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
	12. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et. seq.)
	13. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
	14. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
	15. District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official 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

**DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness About Opioid Misuse**

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)**

**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:

1. 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 01 cooperative agreement;
2. 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;
3. 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:**

1. 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;
2. 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;
3. 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 (I)(b) of this certification; and
4. 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
5. 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.
6. 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/>).
7. 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:
	1. 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
	2. 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; and
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).
6. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
7. Abide by the terms of the statement; and
8. 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.
9. 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.
10. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), 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.

1. The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:
2. Place of Performance (Street address, city, county, state, zip code)
3. Drug-Free Workplace Requirements (Awardees who are Individuals)
4. 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 67615 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

**DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness About Opioid Misuse**

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)**

**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, equipment, supplies, consultants/experts, other and indirect costs for the DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness About Opioid Misuse under RFA# RM0 DC PEER OUD 061419.

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 F**

DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness About Opioid Misuse

RFA # RM0 DC PEER OUD 061419

 **PROGRAM CALENDAR (*projected*)**

|  |  |
| --- | --- |
| **2019** | **ACTIVITIES** |
| **Month** |  |

***Activities with project implications***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity/Milestone****What are you going to do and who is going to do it?** | **Inputs*****What resources do you contribute?*** | ***Time Frame******Start and end date during which an activity will occur.*** | **Responsible Person**  | **Anticipated Outcomes*****A measurable statement that can be evaluated.***  |
|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ATTACHMENT G - DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness About Opioid Misuse Work Plan**

**RFA # RM0 DC PEER OUD 061419**

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

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

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

**ATTACHMENT H**

**BUDGET JUSTIFICATION AND NARRATIVE**

**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 subgrantee must sign the agreement.

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

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

**D. Occupancy:** Rent expenses

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

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

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

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

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

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

**Budget Request**

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

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

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

**Budget Request**

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

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

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

**Budget Request**

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

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

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

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

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

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

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

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

**Budget Summary**

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

**ATTACHMENT I**

**DBH RECEIPT**

**RFA Title: DC Peer Operated Centers (POC) Supporting Individuals with Opioid Use Disorders and Providing Awareness About Opioid Misuse**

**RFA No. RM0 DC PEER OUD 061419**

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

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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