

# Pre-Application Conference, RFA No. RM0 SCP093022

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## District-Wide Synar Compliance Program Thursday, October 6, 2022 | 12:00 – 1:00PM



For attendance purposes, please use the chat function to type and send:

1. Name
2. Organization, and
3. Email Address

**Thank you! We will be starting momentarily.**



# Today's Agenda

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## Welcome

## Presenters

- Eric Chapman, SUD Branch Chief
- Thomas Randolph, Synar Coordinator
- Yasir Shah, Grants Specialist

## General Information

- Overview, Background, Purpose and Definitions

## Award Information

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

## Performance Requirement

- Experience Criteria, Target Population, Location of Services, Scope of Services and Scope of Work

## Application Requirements

- Project Narrative
- Project Attachments
- Additional Attachments

## Evaluation Criteria

## Helpful Information

- Key Dates, RFA Checklist, Tips and Contact Info

## Questions & Answers



## Overview (pg. 10)

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The goal of this RFA is to assist the District of Columbia's Department of Behavioral Health (DBH) in ensuring its compliance to the Tobacco 21 legislation, raising the federal minimum age for sale of tobacco products from 18 to 21 years old.

In order to reach this goal, DBH seeks a grantee that is capable of recruiting, selecting, training, and managing qualified youth for compliance checks with tobacco licensees.

The grantee shall also be required to complete paperwork that aligns with the federal protocols.



## Background (pg. 12)

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The Department of Behavioral Health (DBH) is the federal designated Single State Authority (SSA) for delivery of substance use prevention and treatment, and mental health services to the citizens and visitors of the District of Columbia. Additionally, DBH is the recipient of the Federal Substance Abuse Prevention and Treatment Block Grant (SABG) from the Substance Abuse and Mental Health Services Administration (SAMHSA). As such, SAMHSA mandates compliance with the Synar Amendment (July 1992) requiring the District of Columbia to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 21. SAMHSA subsequently issued and revised guidance documents, providing instructions to States on compliance rate goals, use of funds, State reporting requirements, conforming amendments, and penalties.



# Definitions (pgs. 10-11)

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1. **Synar Compliance Program Amendment:** The Tobacco 21 legislation requiring States to enact laws prohibiting the sale and distribution of tobacco products to youth, and, to enforce such laws in a manner that can reasonably be expected to reduce the availability of tobacco products to youth under the age of 21.
2. **Synar Compliance Check:** The utilization of eligible youth to conduct random and unannounced tobacco purchases from tobacco outlets and/or licensees, which findings are then used to produce and submit an annual report of such findings to the Secretary of the U.S. Department of Health and Human Services.
3. **Eligible Youth:** Individuals between the ages of 16 and 20.



## Definitions cont'd. (pgs. 10-11)

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4. **Young Adults (Eligible Interns):** Individuals between the ages of 21 and 25. The young adults serve as interns and support onsite coordination for the Synar compliance checks.
5. **Tobacco Licensees:** Are establishments and/or individuals licensed to sell tobacco products in the District of Columbia.



## Award Information (pg. 11)

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- **Source of Grant Funding:** This grant opportunity is supported by funding from the U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Substance Abuse Prevention and Treatment Block Grant (SABG).
- **Award Funding Available:** This RFA will make available a total of \$60,000 to fund one (1) organization for up to one (1) base year, with four (4) option years.
- **Performance and Funding Period:** The anticipated performance and funding period is November 14, 2022 through September 30, 2023. Subsequent to the first 11-month budget period, funding may be continued for up to four (4) option years based on documented project success and availability of funding. ***The number of awards, budget periods and award amounts are contingent upon the continued availability of funds and the recipient's performance.***



# Eligibility Requirements (p. 11)

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- All applicants must have the ability to enter into an agreement with DBH in compliance with all governing federal and District of Columbia laws and regulations, including Substance Use Disorders and Mental Health Grants (22-A DCMR Chapter 44).
- If an applicant is a current or former DBH grantee, they must prove compliance with all past or ongoing grant requirements (e.g., proof that all milestones have been met, timely data reports submitted, etc.).
- Applicants must be qualified, non-profit or for-profit, community-based organizations based in the District of Columbia.
- Applicants must address community and public health, substance abuse, or behavioral health issues.





# Performance Requirements (pgs. 12 - 13)

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## Experience Criteria:

- Organizations must be able to demonstrate past experience in recruiting, retaining, and training youth for innovative projects which lasted for a minimum of twelve months.
- Applicants should have the organizational capacity to develop protocols and processes in order to meet grant deliverables.
- Experience and ability to collect and monitor data (process and outcome), complete reporting in a timely manner, and contribute to additional data requests for project Funders as needed.

# **Performance Requirements, cont'd (pgs. 12 - 13)**

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## **Target Population:**

- Youth Inspectors: Individuals between the ages of 16 and 20.
- Supervisors: Individuals between the ages of 21 and 25.

## **Location of Services:**

- Applicants must have a physical office location in the District of Columbia and serve all eight Wards of Washington, D.C.

## **Scope of Services:**

- Each applicant proposing to manage the youth and young adult component of the Synar Compliance Program shall serve all eight Wards within the District of Columbia. A minimum of 300 Synar program compliance checks involving eligible youth shall be conducted during the grant year.



## **Scope of Work - *Core Functions*: (pgs. 13-14)**

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Applicants are expected to provide the following capacity building core functions in ways that address the priorities of the Synar Compliance Program. This includes, but is not limited to:

- Developing procedures and guidelines for recruiting, training, and managing eligible youth to support Synar Compliance checks that align with federal requirements.
- The functions shall include securing parental and/or caregiver consent for youth, maintaining records in accordance with DBH grant standards, and ensuring the safety of the qualified youth.

### **Core Functions**

- Youth/Young Adults Identification
- Annual Synar Compliance Program Work Plan
- Synar Compliance Program Training
- Fidelity to Synar Compliance Program Protocol
- Additional Services



# Application Requirements (pgs. 15-21)

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## Project Narrative (**must not exceed 7 pages**)

### A. Organizational Capacity (up to 1 page)

This section should provide information and data that demonstrates the applicant's capacity to implement the grant activities. Applicant should discuss mission and compatibility between your organization and the Synar Compliance Program.

### B. Project Description (up to 5 pages)

This section should align to the Work Plan and provide a description on how the applicant will successfully achieve the goals of the grant. Furthermore, this section should discuss the process the applicant will use to meet all requirements in the Scope of Work.

### C. Project Evaluation (up to 1 page)

This section should discuss the applicant's approach to processes and outcomes for evaluation of program deliverables within the proposed work plan.



# Project Attachments, (pgs. 17-21)

(not counted in page limit)



# Abstract

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A one-page project abstract is required (see Attachment C). Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative.

Include the following sections:

1. **Project Description:** Briefly outline how the organization will implement the project in service of the goal and objectives.
2. **Performance Metrics:** Outline the key outcome and process metrics and associated targets that will be used to assess grantee performance.

# Work Plan

The work plan template (**see Attachment D**) provided by DBH is required. The work plan describes key activities and tasks to successfully deliver the (program/effort) scope of services and aligns with the Project Description narrative under Application Requirements. The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

Attachment D

WORK PLAN

Objectives	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year XX											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Goal 1: Description: State clearly the goal your program/effort will pursue to address the issues identified.																
Objective 1.1: Description: Provide key activity which will directly contribute to the project goal.	Description: Describe the key actions to be implemented to achieve this objective.	Description: List the results you expect to achieve which directly contribute to the objective for the goal identified.	Description: Indicate the staff member(s), group, or other person responsible for implementing the activity.	Description: Indicate the duration of the activity (for example, 2 weeks, 3 months, etc.). (List, put as "X" in the corresponding month(s) the activity will occur.)												
Objective 1.2:																
Goal 2:																
Objective 2.1:																
Objective 2.2:																
Goal 3:																
Objective 3.1:																
Objective 3.2:																
Objectives	Actions/Activities	Results	Person(s) Responsible	Duration	Fiscal Year XX											
					OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Goal 4:																

# Staffing Plan

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

Position Title	Staff Name	Education / Experience Qualifications	Resume or CV Included	General Responsibilities	Annual Salary	Percent FTE	Amount Requested

- The staffing plan should describe staff duties, qualifications, and the percent of time to be spent on project activities, and whether the time will be charged to the grant.
- The plan should clearly indicate which staff positions will need to be hired. Staff CVs, resumes, and position descriptions shall be submitted and will not count towards the page limit.



# Project Budget and Justification (pg. 18)

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## **Project Budget and Justification**

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

The budget should reflect a 11-month period. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the 11-month grant period.

## **Restrictions:**

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



# Project Budget and Justification, cont'd

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The application should include a project budget (see Attachment F) with justification using the provided template. The project budget and budget justification should be directly aligned with the work plan and project description.

- I. Personnel:** Include the title of the position, name (or indicate vacancy), annual salary and level of effort (percentage of time) dedicated to this project.
- II. Fringe:** Provide the position, name (or indicate vacancy), total fringe benefit rate used.
- III. Travel:** Only local travel related to the Synar Compliance Check project/effort and project staff will be approved in the grant budget/ Provide purpose, destination, and type of travel.
- IV. Equipment:** Provide the item, quantity, amount, and percent charged to the grant.
- V. Supplies:** Include the items being requested and rate. Description should also include how the supplies directly support the project.



# Project Budget and Justification(cont'd)

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**VI. Contractual:** Not allowed.

**VII. Other Direct Costs:** List any costs not included in any of the other cost categories.

**VIII. Indirect Costs:** Indirect costs should not exceed 10% of direct costs, unless the organization has a negotiated indirect cost rate agreement.

*Please see pages 18-19 for more information on indirect costs calculation.*

**IX. Program Income:** If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.



# Project Budget and Justification (Attachment F)

## Department of Behavioral Health Detailed Project Budget and Narrative Justification

Provide the total proposed project period and funding as follows:

*This form is used to apply to DBH grant programs, as it explains how costs were estimated and justifies the need for the cost. This narrative includes descriptive tables for clarification purposes. Applicants must submit budgets based upon the total estimated costs for the project including all known funding sources. Applicants should also refer to 2 CFR § 200, (Uniform Administrative Requirements, Subpart E - Cost Principles, and Audit Requirements for Federal Awards), and 45 CFR § 75 (Administrative Requirements & Cost Principles) cited within these instructions.*

Funding Source: RFA RM0 MAX082522		Project Title: Operation Streamline Processes	
Proposed Project Period:	Start Date: 10/1/2022	End Date: 9/30/2023	

A. PERSONNEL (SALARY AND WAGES)		2 CFR §200.430(b)		45 CFR §75.400	
2 CFR §200.430(b) Compensation - Personal Services					

DESCRIPTION - A. PERSONNEL (SALARY AND WAGES)			CALCULATION					
Position	Name	Key Staff	Annual Salary	% Level of Effort (LOE)	Total Salary Cost	Requested Advance	In-Kind Salary Total	
Project Director	John Doe	Yes	\$ 64,890.00	45%	\$ 29,200.50	\$ 10,000.00	\$ -	
Grant Manager	Scrooge McDuck	Yes	\$ 55,000.00	55%	\$ 30,250.00	\$ 10,000.00	\$ -	
Program Director	Julie Doe	Yes	\$ 60,000.00	100%	\$ 60,000.00	\$ 15,000.00	\$ -	
Community Outreach Specialist	Vacant	Yes, In-Kind	\$ 35,000.00	100%	\$ 35,000.00		\$35,000.00	
	Choose...				\$ -		\$ -	
	Choose...				\$ -		\$ -	
	Choose...				\$ -		\$ -	
	Choose...				\$ -		\$ -	
	Choose...				\$ -		\$ -	
	Choose...				\$ -		\$ -	
A justification must be provided for each item listed in any category.					REQUEST	\$ 154,450.50	\$ 35,000.00	\$ 35,000.00

**JUSTIFICATION - A. PERSONNEL (SALARY AND WAGES)**

(1) The Project Director will provide daily oversight of the grant and will be considered key staff.

(2) The Program Director will coordinate project services and project activities, including training, communication and information dissemination.

(3) The Grant Manager will provide necessary guidance to staff for services under this project.

(4) The Community Outreach Specialist will be provided in-kind by Street Works! Organization and will be responsible for connecting all 8 Wards of DC.

# Advances

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An applicant seeking an advance, must submit a completed Advance Payment Request form (Attachment G) with the submitted application and be signed by the organization's Chair of the Board of Directors and Executive Director, or equivalent positions.

Applicants must detail the amount requested per budget category in the budget and justification (see Attachment F).

Advance payments are optional and an applicant is not required to submit the Advance Payment Request form.

Failure to submit an Advance Payment Request form with the application eliminates the consideration for an advance payment.

An advance payment will not be provided without prior official request and approval.



# Advance Payment Request Form Template (Attachment G)

Department of Behavioral Health ADVANCE PAYMENT REQUEST FORM		
<b>I. GRANTEE AND GRANT IDENTIFICATION</b>		
Organization/Applicant Name:		
RFA No.:		
RFA Title:		
<b>II. FUNDING AWARD &amp; ADVANCE</b>		
Total Award: \$	Advance Requested: \$ <small>(Cannot exceed 90 days of the total award)</small>	Percent of Total Award: ( )%
1. An applicant responding to a RFA shall identify in the application the need for an advance payment and acknowledge that, if selected, provide the information requested as part of the advance payment request. 2. The advanced funds shall be spent by the awarded grantees within the same DC Government fiscal year during which the advance is made. 3. Only one advance payment can be made per grant each fiscal year. If the awarded requests a second advance for a subsequent fiscal year, each advance shall be reviewed for approval. 4. The use of an advance payment shall be consistent with all terms and conditions of the grant.		
<b>III. ADVANCE PAYMENT SPENDING PLAN/TIMELINE NARRATIVE</b> If attached separately, it must be signed by the representative identified in section V of this form.		
<b>IV. TERMS AND CONDITIONS</b>		
The applicant must submit a statement of need for the specified amount of advance payment (please attach and sign).		
The applicant must submit documentation of the use of advanced funds (invoices, receipts, payroll documentation, etc.) to the DBH grant project director and/or fiscal monitor before the end of the grant performance period, or sooner, if explicitly requested by the DBH grant project director. The approved awardee must use the advanced funds in accordance with all the terms and conditions of the grant award.		
Identify the type of documentation that will be submitted to verify the use of the advance funds, as required by the RFA:		
<input type="checkbox"/> Receipts <input type="checkbox"/> Paid Invoices <input type="checkbox"/> General ledger accounts <input type="checkbox"/> Cancelled checks <input type="checkbox"/> Other _____		
The DBH grant project director will withhold the final reimbursement payment equal to the amount advanced or up to 25% of the grant award (whichever is higher) until documentation supporting use of the advance payment is received from the grantees.		
<b>V. SIGNATURES OF AUTHORITY</b>		
I certify that I am the <u>Executive Director</u> of the applicant organization and am authorized to submit this Advance Payment Request on behalf of the applicant.		
Signature:		Date:
Print Name:		Title:
I certify that I am the <u>Chairperson of the Board of Directors</u> of the applicant organization and am authorized to submit this Advance Payment Request on behalf of the applicant.		
Signature:		Date:
Print Name:		Title:
<b>VI. THIS SECTION IS FOR DBH APPROVAL ONLY</b>		
Notification of need for the advance payment was included in the original application <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approved Advanced Amount: \$		
Project Director Approval Signature:	Print Name:	Date:
Deputy Director Approval Signature:	Print Name:	Date:
Initial the checkbox below to acknowledge advanced payment approval.		
<input type="checkbox"/> Grants Management Division	Print Name:	Date:
<input type="checkbox"/> Administrative Services Manager	Print Name:	Date:
<input type="checkbox"/> Office of the Chief Financial Officer	Print Name:	Date:

# Business License

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The applicant must submit a current business license with Active Charitable Solicitation, if applicable issued by the District of Columbia Department of Consumer and Regulatory Affairs.

If the applicant does not have a current license, a copy of the business license application and receipt filed no later than the due date of the grant application may be submitted.

# Clean Hands Certification

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

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

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

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





# Example of Clean Hands Certification

☆☆☆ Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue 1101 4th Street, SW  
Washington, DC 20024


Date of Notice: February 12, 2020 Notice Number: L09000000000000000000

SSN: \*\*\*-\*\*-\*\*\*\*  
Case ID: 00000000000000000000

**CERTIFICATE OF CLEAN HANDS**

As reported in the Clean Hands system, the above referenced individual/entity has no outstanding liability with the District of Columbia Office of Tax and Revenue or the Department of Employment Services. As of the date above, the individual/entity has complied with DC Code § 47-2862, therefore this Certificate of Clean Hands is issued.

TITLE 47. TAXATION, LICENSING, PERMITS, ASSESSMENTS, AND FEES  
CHAPTER 28 GENERAL LICENSE  
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT  
D.C. CODE § 47-2862 (2006)  
§ 47-2862 PROHIBITION AGAINST ISSUANCE OF LICENSE OR PERMIT

  
Authorized By Marc Arenin  
Chief, Collection Division

To validate this certificate, please visit [MyTax.DC.gov](https://MyTax.DC.gov). On the MyTax homepage, click "Clean Hands" and then the "Validate a Certificate of Clean Hands" hyperlink.

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

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

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



# IRS W-9 Tax Form

If the applicant is not a current vendor (receiving funding) from the Department of Behavioral Health submit a completed W-9 form. The form can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

<b>Form W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service		<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.		Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return. Name is required on this line; do not leave this line blank.)				
2 Business name/disregarded entity name, if different from above				
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) ▶  <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 2).  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  (Applies to accounts maintained outside the U.S.)			
	5 Address (number, street, and apt. or suite no.) See instructions.			
	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.				
<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				
<b>Sign Here</b> Signature of U.S. person ▶ _____ Date ▶ _____				
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> . <b>Purpose of Form</b> An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following: • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding</i> , later.				

Cat. No. 10231X

Form W-9 (Rev. 10-2018)



# Audited Financial Statements

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

**If audited financial statements or reviews are not available, the applicant must provide the Organizational Budget, Income Statement (Profit and Loss Statement) and Certified Balance Sheet certified by an authorized representative of the organization, and any letters, filings, etc. submitted to the IRS within the three (3) years before date of grant application.**

# Separation of Duties Policy

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

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

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

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

# Board of Directors

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

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



# Unique Entity ID

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

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

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

Visit [www.sam.gov](https://www.sam.gov) for more information.



# Partner Documents

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



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

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

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



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

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

Please see Insurance section under General Terms and Conditions.



# Additional Attachments

(not counted in page limit)



## Attachments A, B and C (pgs. 29-31)

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- A. Notice of Eligibility and Experience Requirements
- B. Intent to Apply Notification – due Monday, October 3<sup>rd</sup> to [DBH.Grants@dc.gov](mailto:DBH.Grants@dc.gov)
- C. Applicant Profile



## **Attachments 1 – 9 (pgs. 81-97)**

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1. DBH General Terms and Conditions, pg. 53
2. Assurances, Certifications and Disclosures, pg. 81
3. Program Income and Financial Disclosure, pg. 86
4. DC Contribution and Solicitation Certification, pg. 88
5. Federal Assurances and Certifications, pg. 89
6. Special Terms of Award Funding, pg. 94
7. Tax Certification, pg. 95
8. Sub-Grantee Single Audit Certification, pg. 96
9. DBH Grant Terms and Conditions, pg. 97



# Evaluation Criteria (p. 21-22)

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Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information and to provide the reviewer with a standard for evaluation. The four review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

**Criterion 1: Capacity (Corresponds to Organizational Capacity Section) – 10 points**

**Criterion 2: Strategic Approach (Corresponds to Project Description Section) – 45 points**

**Criterion 3: Evaluation (Corresponds to Project Evaluation Section) – 25 points**

**Criterion 4: Project Budget and Justification – 20 points**

**For more information on Review and Scoring of Application see pgs. 22-23**



# Application Scoring (p. 22)

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All applications for this RFA will be objectively reviewed and scored against the following key criteria.

- Criterion 1 – Capacity (Total of 10 Points)
- Criterion 2 – Strategic Approach (Total of 45 Points)
- Criterion 3 – Evaluation (Total of 25 Points)
- Criterion 5 – Project Budget and Justification (Total of 20 Points)

# Helpful Information





## Key Dates (p. 10)

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- Notice of Funding Announcement Date: Friday September 23, 2022
- Request for Application Release Date: Friday September 30, 2022
- **Letter of Intent Due Date: Monday October 3, 2022**
- Pre-Application Conference Date: Thursday October 6, 2022  
12:00 PM - 1:00 PM ET
- Application Submission Deadline: **Monday October 31, 2022  
no later than 12:00 PM ET**
- Anticipated Award Start Date: Monday, November 14, 2022



# CHECKLIST FOR RFA APPLICATION (p. 8-9)

A complete DBH RFA Application Package shall **adhere** to the following guidance:

- ☐ Documents requiring signature have been signed by the agency head or **AUTHORIZED** Representative of the applicant's organization.
- ☐ The application must have a UEI number to be awarded funds. Go to SAM.gov to apply for and obtain a UEI # if needed. (<https://sam.gov/content/home>)
- ☐ The Project Narrative is typed using the following formats: 8-½ by 11-inch paper, 1.0 spaced, Arial or Times New Roman font 12-point type (10-point font for tables and figures), and a minimum of one-inch margins. **Applications that do not conform to these requirements will not be forwarded to the review panel.**
- ☐ The application proposal format conforms to the "Application Requirements" listed in the RFA.
- ☐ The proposed budget is complete and complies with the allowable items provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The proposed work plan, staffing plan, and any other requested attachments are complete and comply with the forms and format provided in the RFA.
- ☐ Submit your application via email to DBH Grants, [DBH.Grants@dc.gov](mailto:DBH.Grants@dc.gov) by 12:00 PM ET on the deadline of Monday October 31, 2022. **Applications will not be accepted late. Applicants are encouraged to submit their applications 24 hours prior to the deadline for any necessary electronic/technical troubleshooting.**

- ☐ General Terms and Conditions (Attachment 1)
- ☐ Assurances, Certifications, & Disclosures (Attachment 2)
- ☐ Program Income and Financial Disclosure (Attachment 3)
- ☐ DC Contribution and Solicitation Certification (Attachment 4)
- ☐ Federal Assurances and Certifications (Attachment 5)
- ☐ Special Terms of Award Funding (Attachment 6)
- ☐ DC Tax Certification (Attachment 7)
- ☐ Sub-Grantee Single Audit Certification (Attachment 8)
- ☐ DBH Grant Terms and Conditions (Attachment 9)

A complete DBH RFA Application Package shall **include** the following:

- ☐ Notice of Eligibility and Experience Requirements (Attachment A)
- ☐ Intent to Apply Notification (Attachment B)
- ☐ Application Profile (Attachment C)
- ☐ Project Abstract (Attachment C)
- ☐ Table of Contents
- ☐ Project Narrative
- ☐ Work Plan (Attachment D)
- ☐ Staffing Plan (Attachment E)
- ☐ Budget and Budget Justification (Attachment F)
- ☐ Advance Payment Request Form (Attachment G)
- ☐ Synar Protocol (Attachment H)
- ☐ Organizational Required Documents:
  - o Business License
  - o Certificate of Clean Hands
  - o IRS Tax-Exempt Determination Letter (for nonprofits only)
  - o IRS 990 Form from most recent tax year (for nonprofits only)
  - o IRS W-9 Form, if applicable
  - o Audited Financial Statements
  - o Separation of Duties Policy
  - o Board of Directors
  - o Active UEI Number (Unique Entity ID via System for Award Management (SAM))
  - o Partner Document(s) (if applicable)
  - o Proof of Insurance for Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation.



# Tips

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- Read the RFA!
- RFA and Attachments can be found on either the Mayor's Office of Community Affairs or Department of Behavioral Health websites:  
<https://communityaffairs.dc.gov/content/community-grant-program#4>  
<https://dbh.dc.gov/page/request-applications-01>
- Complete and sign attachments
- Meet the submission deadline of **no later than Monday October 31, 2022 at 12:00PM**
- Applications are to be emailed to [DBH.Grants@dc.gov](mailto:DBH.Grants@dc.gov)
- Email subject line should include RFA # and File #.

For example, RM0 SCP093022, File #1 (*see page 24 for more information on application submission*)



# Agency Contact Information (p. 27)

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## Program Contacts

Yasir Shah (main point of contact  
for this funding effort)

Grants Specialist

(202) 727-860

[yasir.shah@dc.gov](mailto:yasir.shah@dc.gov)

Thomas Randolph

Synar Program Coordinator

(202) 727-6916

[thomas.randolph@dc.gov](mailto:thomas.randolph@dc.gov)

## Fiscal Management Office(updated)

Tywana Reed

(202) 673-3532

[tywana.reed@dc.gov](mailto:tywana.reed@dc.gov)

## Grants Management Office (updated)

Toussaint Tingling-Clemmons

(202) 673-3426

[Toussaint.tingling-clemmons@dc.gov](mailto:Toussaint.tingling-clemmons@dc.gov)



# Questions

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