

District of Columbia Department of Behavioral Health (DBH)

Pre-Application Conference



RFA Number: RM0 DCRR082622

**RFA Title: District of Columbia Opioid Response (DCOR3) Grant
Opportunity: Recovery Residences with Intensive Case Management
for Individuals with Opioid and/or Stimulant Use Disorder**

Friday, September 2nd, 3:00 PM ET



Send us your contact information!

Please email Orlando.Barker@dc.gov with your name, preferred email address, and phone number.



Application Opportunity

Recovery Residences with Intensive Case Management for Individuals with Opioid and/or Stimulant Use Disorder

**Application Deadline:
Monday, September 26, 2022
3:00 P.M. ET**



Amount of Funding and Grant Awards (p. 10)

RFA: Recovery Residences with Intensive Case Management for Individuals with Opioid and/or Stimulant Use Disorder

This RFA will make available up to \$750,000 for up to 3 awards over 1 base year. Each individual grant budget should not exceed \$500,000.



DCOR Background (p. 11)

- In FY21, under initiatives funded by the State Opioid Response (SOR) 2 grant in the District of Columbia, 265 individuals in recovery for STUD and/or OUD participated in recovery housing. Recovery-oriented housing offers safe living environments that promote safety, recovery, and harm reduction. Therefore, recovery residences are places where consumers fit in, have common experiences, and can be authentic without having to explain their addiction or recovery needs.
- Recovery residences are increasingly viewed as a viable and cost-effective part of a recovery-oriented system of care. These communities empower individuals by providing support as they transition toward living independent and productive lives in the community. Overall, research shows that participation in recovery residences is associated with a decrease in rates of individuals returning to use and significant increase in recovery outcomes (e.g., sustained abstinence rates, higher rates of employment, etc.).
- This RFA represents an essential component of the work the District is doing through LLDC 2.0. Specifically, it represents Strategy RE. 2., which is to “Improve the quality and quantity of support services (e.g., education, employment, community re-entry, recovery coaching, transportation, dependent care, and housing) that are available to individuals in recovery.”



Purpose (p. 11)

The purpose of this RFA is to select applicants through a competitive application review process to establish new recovery residences for individuals with STUD/OD. Through this grant, these individuals will be provided intensive case management while living in the recovery residence. Intensive case management includes an assessment of an individual's functional life skills (e.g., personal living skills, social skills, vocational skills and service procurement skills) in order to establish a long-term plan for ongoing recovery.



Eligibility and Experience Requirements

All applications:

Ability to enter into an agreement with DBH requiring 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).

RFA: Recovery Residences with Intensive Case Management for Individuals with Opioid and/or Stimulant Use Disorder:

Eligibility Requirements (p. 11)

Eligible entities that can apply for grant funds under this RFA must be a community-based organization located in the District of Columbia.

Experience Criteria (p. 12)

Those applying should meet the following criteria:

- Be a certified substance use treatment or recovery provider pursuant to 22-A DCMR Chapter 63 and/or a clinic-based medical care provider (e.g., licensed clinic, office federally qualified health center, or group practice).

Additional Experience Requirements

- Experience managing local (District of Columbia) or federal grants.
- A functioning accounting system that is operated in accordance with generally accepted accounting principles.



Target Population (p. 12)

- The target population consists of District of Columbia adult residents (age 21 and older) with a history of STUD or OUD and who are experiencing circumstances that place them at high risk for overdose (e.g., homelessness, prior history of overdoses, illicit drug use, prior history of hospitalization for drug use, etc.).



Scope of Services (p. 13)

Scope of Services

Services to be provided under the Recovery Residences include the following:

- A. Establish recovery residences using Level III/IV NARR standards (see Attachment G);
- B. Show evidence that the recovery residences meet Level III/IV NARR standards including administration, operational, and physical environment;3
- C. Provide recovery support in all operated recovery residences that are in alignment with Level III/IV NARR standards;
- D. Show evidence of being a good neighbor in alignment with Level III/IV NARR standards for all operated recovery residences (i.e., attendance at neighborhood meetings, responding to complaints from neighbors, have a system in place to get feedback from neighbors);



Scope of Services (Cont.)(p. 13)

Scope of Services

E. Ensure fulfillment of key positions for each residence: Resident Monitor and Case Manager.

- i. Resident Monitor lives on site and oversees the day-to-day actions of the resident and earns at least the minimum wage of \$16.10 per hour plus room. This role will work directly with the case manager and clients.
- ii. Case Manager develops recovery plans in partnerships with residents, provides intensive case management for clients in a residence, works with the Resident Monitor, conducts room inspections, reviews client progress, and ensures clients are linked to treatment and recovery support services.

F. Partner with STUD/ODD treatment and care management providers to recruit clients and create a recruitment plan.

G. Ensure that each residence has only 4 to 7 client residents.

H. Ensure each Recovery Residence promotes harm reduction and includes naloxone on site. Staff and clients must take the online course: Opioid Overdose Prevention & Naloxone Education (Community).

I. Ensure clients receive life skills development and opioid overdose prevention-based training.



Data Collection and Reporting (p. 13)

Data Collection and Reporting

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

A. Monthly Reporting: Grantee shall report on grant activities on a monthly basis on a form/format prescribed by DBH. Applicants must describe their capacity to accurately capture and report the following key outcomes:

- 1) Identify each house, including address, ward, and phone number. Also, include what level of support exists at each residence according to NARR standards;
- 2) Number of residents in the recovery residence/per month;
- 3) Number of vacancies in each residence/per month;
- 4) Contact person per residence;
- 5) Capacity per residence/per month;
- 6) Number of resident admissions/per month;
- 7) Number of voluntary departures per month;
- 8) Number of relapses per residence each month;
- 9) Number of individuals provided naloxone training;
- 10) Number and type of RSS offered at each residence/month;
- 11) Number of residents who were referred to DBH recovery support providers and completed RSS; and
- 12) Number of residents who were referred to DBH providers for ongoing SUD treatment.



Data Collection and Reporting Cont.(p. 14)

Data Collection and Reporting

B. **Government Performance Results Act Data (GPRA) Collection:** Grantee will collect GPRA data for all clients enrolled in SOR-funded services. GPRA will be collected at three stages of program involvement: Baseline/intake, follow up, and discharge. Up-to-date GPRA information and training materials can be found here - GPRA.

1) **Baseline:** A baseline GPRA will be collected as soon as possible, after the client is officially enrolled in the program. The baseline GPRA interview should be conducted no later than three days after enrollment in residential programs and four days after enrollment in outpatient programs. Clients who participate in drop-in or outreach services do not need to participate in GPRA interviews and will not count toward an organization's GPRA goals.

2) **Follow Up:** A follow-up GPRA interview should be conducted within the follow-up window (see below). Efforts should be made to complete all follow-up interviews; however, the minimum expectation is 80% of program enrollment.

3) **Discharge:** A discharge GPRA should be completed for clients no longer participating in services; however, it is not required for clients discharged less than or equal to seven calendar days from the GPRA intake/baseline interview. A face-to-face GPRA discharge interview is not required.



Data Collection and Reporting Cont.(p. 14)

Data Collection and Reporting

B. GPRA Submission Deadline: All GPRA interviews must be submitted within five days of the interview date.

GPRA Communication: The SOR Data Coordinator will provide monthly notifications to providers regarding GPRA submissions (including intakes, follow-up, and discharge data). Providers must review this information monthly and notify the Data Coordinator of discrepancies within five business days of each notification.

C. Annual Reporting: On an annual basis, the grantee will be expected to provide summary data on total (unduplicated) number of residents housed, number and type of recovery supports services provided.

D. Evaluation: The grantee will also complete an evaluation plan. The evaluation plan may be developed in collaboration with DBH upon award.



Data Collection and Tracking

- A. Grantees will be responsible for ensuring that all individuals receiving services under this funding opportunity are offered housing, life skills development, overdose prevention training and resources, and referrals to SUD treatment and RSS as appropriate.

- B. Grantee will identify a point of contact for all data matters pertaining to the project, including GPRA collection.
 - 1) Grantee will designate a staff member responsible for GPRA data collection (obtaining GPRA intake goals and compliance with follow-up expectations).

Data Collection and Tracking

- C. Grantees must also be able to internally track:
 - 1) Total number of clients housed;
 - 2) Current number of clients housed;
 - 3) Basic demographics of individuals served;
 - 4) Up-to-date naloxone online course completion requirement of all staff and clients;
 - 5) Naloxone administered;
 - 6) Number of successful overdose reversals conducted;
 - 7) Linkages to SUD treatment; and
 - 8) Linkages to RSS.

- D. Grantees must be able to track the cost of clinical services, provided, billed, and reimbursed.

Application Requirements



Project Narrative – Organizational Capacity(p. 15)

Project Narrative – up to ten (10) pages

A. Organizational Capacity

Applicants should include the following information to highlight their experience and capacity to establish Recovery Residences in the District:

- 1) Describe their experience and capacity to meet the scope of services outlined in this RFA;
- 2) Have among its organizational purposes, significant activities related to providing housing or services to men with OUD/STUD;
- 3) Describe the staff who will work on this initiative, including GPRA compliance, particularly the key positions (e.g. Resident Monitor and Case Manager) that need to be hired to run or provide oversight of these Recovery Residences;
- 4) Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise; and
- 5) Describe the organization’s plan to be fully operational between sixty (60) of the new grant agreement.
- 6) Describe the project’s long-term sustainability.



Project Narrative – Project Need (p. 15)

B. Project Need

This section should describe the need for the specific approach outlined in the Project Description. The description should be based on the organization's own research and data (e.g., describe the unmet need in the community in which the Recovery Residence is to be located) with reference made to publicly available sources of needs assessment data where applicable.



Project Narrative – Project Description (p. 16)

Project Description (align to Work Plan, Attachment G)

Applicants should describe:

- 1) The residence(s) planned, including: location, number of individuals to be served and any target population in the District;
- 2) A plan for meeting NARR standards;
- 3) A plan to recruit residents to reside in the house;
- 4) A plan to establish partnerships with SUD providers; and
- 5) What the grant money will be used for; (e.g., rent subsidies, staffing, furniture, etc.).



Project Narrative – Project Evaluation (p. 16)

The applicant must include clear, quantitative goals and objectives for the grant period and present a sound and feasible evaluation plan that is in alignment with Level III or IV NARR standards and meets the goals in this application. The section should describe the applicant’s plan to evaluate the project. The description should include the proposed targets for the following key grant outcomes:

- 1) Number of Recovery Residences;
- 2) Number of residents in each residence opened;
- 3) Compliance with NARR standards;
- 4) Number and type of recovery support services provided;
- 5) Government Performance and Results Act (GPRA) data collection for intakes and follow-ups.

The grantee may propose additional outcome measures specific to their project, subject to DBH approval.



Project Narrative – Project Evaluation (p. 16)

GPRAs Collection/Project Evaluation

The applicant should outline the process measures and targets it will use to track services delivered under the grant. The section should describe the infrastructure that will support evaluation activities and GPRA data collection. The applicant should:

- 1) Document the number of GPRA intakes the grantee expects to complete, based on consumer enrollment.
- 2) Document the number of follow-up GPRAs the grantee projects to complete, based on consumer enrollment. The minimum expectation is 80% of enrollment.
- 3) Document the program activities that support collection of follow-up GPRAs.
- 4) Explain specific steps that will be taken to ensure compliance with the GPRA interview submission deadline.
- 5) Demonstrate the ability to ensure data submission is consistent for all reports (including GPRA, monthly reporting, and narratives).

Note: Data submission must be consistent across all forms of submission.



Project Attachments – Project Abstract (p. 16)

Project Abstract (up to 1 page)

A one-page project abstract is required (see Attachment B). Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be written on 8 ½ by 11 inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type (10 point font for tables and figures) with a minimum of one inch margins, limited to one page in length, and include the following sections (no template provided):

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



Project Attachments – Work Plan and Staffing Plan (p. 17)

Work Plan (not counted in page limit)

The work plan template (**see Attachment C**) provided by DBH is required. The work plan describes key activities and tasks to successfully deliver the POC 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.

Staffing Plan (not counted in page limit)

The applicant's staff plan template (**see Attachment D**) provided by DBH is required. 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. Staffing should include, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program; staff responsible for service delivery; staff responsible for monitoring programmatic activities and use of funds; and staff responsible for data collection, quality and reporting. The individual who will be responsible for Government Performance and Results Act (GPRA) data collection should be specified.



Project Attachments – Project Budget and Justification (p. 17)

The application should include a project budget (see Attachment E) 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 of establishing recovery residences with sustained intensive case management for individuals with STUD/ODD during their stay in the residence. The budget should reflect a 12-month budget prorated for an 11-month period. Also, the budget should be roughly based on \$3000 per resident per month amount. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the 12-month budget prorated for an 11-month grant period.

Restrictions:

Per the terms of the grant award, receipt of funds is contingent upon the following terms:

- 1) SOR3 funds shall be used to fund services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.
- 2) SOR3 funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, e.g., HHS (CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, 3rd party insurance, and sliding scale self-pay among others.



Project Attachments – Project Budget and Justification (p. 18)

Restrictions:

Per the terms of the grant award, receipt of funds is contingent upon the following terms:

- 3) SOR3 funds for treatment and recovery support services shall only be utilized to provide services to individuals with a diagnosis of an OUD and/or STUD or to individuals with a demonstrated history of opioid and/or stimulant overdose problems.
- 4) Sub-grantees are expected to report data as required in the Funding Opportunity Announcement and to fully participate in any SAMHSA-sponsored evaluation of this program. All required Government and Performance Results Act (GPRA) data for each client served must be provided to DBH within SAMHSA-specified timelines. The submission of these data is a requirement of funding and continued funding.
- 5) Sub-grantees are required to make use of the SAMHSA-funded Opioid Technical Assistance/Training (TA/T) resources to assist in providing training and technical assistance on evidence-based practices to healthcare providers in your state who will render services to treat OUD in individuals seeking treatment and recovery services. Although workforce development is an allowable use of grant funds, SAMHSA expects that priority will be given to service provision and prevention activities. Recipients will be expected to utilize the training and education resources which SAMHSA provides at no cost to the grant.
- 6) Sub-grantees are required to track funding of activities by providers and be prepared to submit these data to DBH upon request.
- 7) Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- 8) Grant funds may not be used to pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.



Project Attachments – Project Budget and Justification (p. 18)

Restrictions:

Per the terms of the grant award, receipt of funds is contingent upon the following terms:

9) Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

10) Grant funds may not be used to provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.

11) Grant funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

12) Pantry items are allowable for communal style, recovery house settings. Items must be within house and proportionately charged by residents in the house setting. Grant funds may not be used for externally prepared meals (i.e. take-out orders, in-restaurant dining.)

13) Consolidated Appropriations Action, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this

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Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.



Project Attachments – Project Budget and Justification, Cont. (p. 19)

Applicant's Indirect Costs Calculation

An Applicant may include its indirect costs in its budget calculation. (See the Nonprofit Fair Compensation Act of 2020, DC Act 23-565 [effective March 2021]) This may be done through use of a cost rate. In budget backup materials the Applicant should identify the basis for the calculation, addressing one of the following bases that District law permits it to choose:

- 1) Its current, unexpired, federal Negotiated Indirect Cost Rate Agreement (NICRA) rate, a negotiated rate with the federal government; OR
- 2) One of the following methods:
 - a. 10% of the grant's direct costs;
 - b. A new negotiated rate with DBH;
 - c. The same indirect rate that it has used with any District agency in the past 2 years; or
 - d. An independent Certified Public Account's (CPA) calculated rate using Federal Office of Management and Budget (OMB) guidelines

(The cited statute required DBH to provide for at least one of these listed methods. However, the statute excludes the following from the requirement: foundation; hospital; university; college.) If the Applicant proposes to use the services of a nonprofit subgrantee or contractor, it must propose to apply the same indirect cost rate to that entity's services. (See Attachment-1. General Terms & Conditions, Establishing and Managing Subgrant, #8)

Federal rules always control for federal funding. For federal funding that passes through the District to the grantee, the indirect cost rate must be consistent with federal regulation 2 CFR 200.331 or its successor.



Project Attachments – Advances (pg. 19)

An applicant seeking an advance, must submit a completed Advance Payment Request form 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**). No advance payment will be considered without prior official request and DBH approval.



Project Attachments - Letters of Agreement (pg. 20)

- Applicant should submit all letters of agreement, from other agencies and organizations that will be actively engaged in the proposed project (no template provided).



Project Attachments – Business License (pg. 20)

- The applicant must submit a current business license with Active Charitable Solicitation and Certificate of Occupancy issued by the District of Columbia Department of Consumer and Regulatory Affairs. If the applicant does not have a current license, a copy of the business license application and receipt filed before the due date of the grant application must be submitted.



Project Attachments – Certificate of Clean Hands (pg. 20)

- 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. 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.



Project Attachments - IRS Tax-Exempt Determination Letter (for nonprofits only) (pg. 20)

- The applicant must submit the organization's determination or affirmation letter approving and/or confirming the tax-exempt status. Please see <https://www.irs.gov/charities-nonprofits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letterfrom-irs> for more information. If the group has a supporting organization with an IRS tax exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.
- If there is no IRS tax exemption letter because the organization is a religious organization, then the applicant may submit the best evidence it can of its status. Examples of potential best evidence for this purpose include, but are not limited to (i) a letter from the leader of the organization verifying that the organization is a religious group; (ii) a letter from the group's board chair or similar official, verifying that the organization is a religious group; (iii) the applicant's most recently submitted state sales or other tax exemption form, if it exists (Form 164 in the District of Columbia); or (iv) the state's issued tax exemption certificate or card, if it exists. (See IRS publication no. 1828, Tax Guide for Churches and Religious Organizations).



Project Attachments - IRS 990 Form from most recent tax year (for nonprofits only) (pg. 20)

- The applicant should provide its most recent IRS Form 990 tax return from the most recent tax year. Please see <https://www.irs.gov/forms-pubs/about-form-990> for more information. If no return has yet been filed, the organization can submit its application for tax-exempt status.



Project Attachments - IRS W-9 Tax Form (pg. 20)

- If the applicant is not a current vendor (receiving funding) from the Department of Behavioral Health, the applicant must submit a completed W-9 form prepared for the U.S. Internal Revenue Service (IRS). The form can found at <https://www.irs.gov/pub/irspdf/fw9.pdf>



Project Attachments - Audited Financial Statements (pg. 21)

- 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.



Project Attachments - Separation of Duties Policy (pg. 21)

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.

This statement should:

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



Project Attachments - Board of Directors (pg. 21)

- 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).



Project Attachments - Unique Entity Identifier (UEI) and Active SAM Registration (pg. 21)

Applicants must have a UEI and an active registration in the System of Award Management (www.sam.gov). To provide evidence of this registration as part of the application package, a copy of the applicant's SAM Entity Overview shall be submitted. If awarded funding, documentation of an active UEI is required.



Project Attachments – Partner Documents (pg. 21)

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



Project Attachments - Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation (pg. 21)

- 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 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.



Evaluation Criteria



Application Scoring (p. 22)

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

- Criterion 1 – Capacity (Total of 35 Points)
- Criterion 2 – Need (Total of 10 Points)
- Criterion 3 – Strategic Approach (Total of 30 Points)
- Criterion 4 – Evaluation (Total of 20 Points)
- Criterion 5 – Project Budget and Justification (Total of 5 Points)



Evaluation Criteria (p. 22)

Criterion 1: Capacity (Corresponds to Organizational Capacity Section) – 35 points

Applicants should:

- 1) Describe their experience and capacity to meet the scope of services outlined in this RFA (10 points);
- 2) Have among its organizational purposes, significant activities related to providing housing or services to men with STUD/ODU (5 points);
- 3) Describe the staff who will work on this initiative, including GPRA compliance, particularly key positions (e.g. Resident Monitor and Case Manager) hired to run or provide oversight of any Recovery Residence (5 points);
- 4) Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise (5 points);
- 5) Describe the organization's plan to be fully operational sixty (60) days after the new grant agreement is signed (5 points);
- 6) Describe the project's long term sustainability (5 points)



Criterion 2: Need (Corresponds to Project Need Section) – 10 points

Applicants should describe the need for the specific approach outlined in the Project Description. Describe the unmet need for individuals living in Recovery Residence and how to overcome the challenges establishing such a residence in a community. (10 points)

Evaluation Criteria Cont.(p. 22)

Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 30 points

Applicants should describe their plan to develop Recovery Residences, including:

- 1) The residence(s) planned, including: location, number of individuals to be served and any target population in the District (5 points);
 - 2) Plan for meeting NARR standards (10 points);
 - 3) Plan for recruiting clients to reside in the house (5 points);
 - 4) Establishing partnerships with SUD providers (5 points);
 - 5) Plan for sobriety rules and consequences for breaking those rules (5 points);
- A description of what the



Evaluation Criteria Cont.(p. 23)

Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 45 points

Applicants should:

6. Describe the location and description of facility, including partner facilities if not a one-stop hop, including hours and days/evenings of operation for the populations served and description of ADA compliance **(5 points)**;
7. Describe how the applicant plans to outreach to pregnant and parenting individuals in the community to engage them in the treatment services **(5 points)**;
8. 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 **(2 points)**;
9. Describe the continuous feedback loop(s) the applicant will implement with the individuals who are served by this program **(3 points)**;
10. Describe a plan for peer involvement in support services **(3 points)**; and,
11. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise **(2 points)**.



Evaluation Criteria Cont. (p. 23)

Criterion 4: Evaluation (Corresponds to Project Evaluation Section) – 20 points

Applicants should describe the plan to evaluate the project including how the organization will track work plan progress to ensure deliverables are achieved by September 29, 2023 and reported on no later than October 15, 2023.

- 1) The applicant presented a sound and feasible evaluation plan that is in alignment with NARR's standards and meets the goals in this application. (5 points)

- 2) Describe the plan to obtain 80% compliance rate for follow-up GPRA's. The plan should include: (10 points)
 - a) The steps that will be taken to conduct follow-up interviews (including a timeline).
 - b) Projected difficulties in meeting GPRA-related expectations.
 - c) A plan to address the difficulties outlined above, with a focus on follow-up interviews.



Evaluation Criteria Cont.(p. 23)

- 3) Demonstrate the ability to ensure consistency across all data submission requirements. Specify the plan to ensure GPRA data aligns in monthly reporting requirements and narratives. (5 points)
- 4) The description should include the proposed targets for the following key grant outcomes (5 points):
- a) Number of Recovery Residences
 - b) Number of Residents in each residence
 - c) Compliance with NARR standards
 - d) Number and type of recovery supports services provided
 - e) GPRA results for intakes and follow-ups



Criterion 5: Project Budget and Justification (p. 23)

Criterion 5: Project Budget and Justification – 5 points

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



Application Package (pg. 24)

The following attachments are not included in the 11 pages limit:

- A. Notice of Eligibility and Experience Requirements (Attachment A)
- B. BDBH Application Profile (Attachment B)
- C. Table of Contents – Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.
- D. Work Plan (Attachment C)
- E. Staffing Plan (Attachment D)
- F. Project Budget and Justification (Attachment E)
- G. Advance Payment Request Form (Attachment F)
- H. Letters of Agreement
- I. Business License
- J. Certificate of Clean Hands
- K. IRS Tax-Exempt Determination Letter (for nonprofits only)
- L. IRS 990 Form from most recent tax year (for nonprofits only)
- M. IRS W-9 Form, if applicable
- N. Audited Financial Statements
- O. Separation of Duties Policy
- P. Board of Directors
- Q. Active UEI Number (Unique Entity ID via System for Award Management (SAM))
- R. Partner Document(s) (if applicable)
- S. Proof of Insurance for Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation.



Application Package, Cont. (pg. 25)

The following attachments are not included in the 11 pages limit:

- T. General Terms and Conditions (Attachment 1)
- U. Assurances, Certifications & Disclosure (Attachment 2)
- V. Program Income and Financial Disclosure (Attachment 3)
- W. DC Contribution and Solicitation Certification (Attachment 4)
- X. Federal Assurances and Certifications (Attachment 5)
- Y. Special Terms of Award Funding (Attachment 6)
- Z. DC Tax Certification (Attachment 7)
- AA. Sub-Grantee Single Audit Certification (Attachment 8)
- BB. DBH Grant Terms and Conditions (Attachment 9)

The following attachments are included in the Eleven (11) pages limit:

- A. Project Abstract – 1 page (found in Attachment B)
- B. Project Narrative – 10 pages



Application Submission and Deadline (p. 25)

Applications Due: Monday, September 26, 2022, and must be submitted no later than 3:00 P.M. ET

- Applications must only be emailed to the DBH Grants Inbox, (DBH.Grants@dc.gov). Each email must be clearly labeled in the “Subject” line with the organization’s name, DBH RFA number, and competition name where applicable. Next, as the 1st line of the email, the project’s name, selected geographic designation, and File number attached shall be listed. No other information or questions should be included in the application submission emails.



Helpful Tips

- Please use the **RFA Checklist** (pg. 8).
- Make sure to follow all the instructions in the RFA.
- Adhere to Application Requirements
 - Include Required Documentation, pg. 8
 - Attachments 1-9
(Completed and/or Signed)
 - Include Current Business License
 - Number all pages in your application



Questions



Contact Information

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PLEASE REMEMBER TO SEND YOUR CONTACT INFO TO ORLANDO BARKER!

Orlando.Barker@dc.gov

