

DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION
FY2016 POISON CONTROL & PREVENTION
SERVICES

Request for Applications – RFA #CHA_PCP121115
Release Date: Friday, December 11, 2015

Submission Deadline January 11, 2016



The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement.

**District of Columbia Department of Health
RFA Terms and Conditions**

v06.2015

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: [City-Wide Grants Manual](#).

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

COMMUNITY HEALTH ADMINISTRATION

NOTICE OF FUNDING AVAILABILITY

Request for Applications (RFA) CHA_PCP121115

FY 2016 Poison Control and Prevention Services

The Government of the District of Columbia, Department of Health (DOH) Community Health Administration (CHA) is soliciting applications from qualified applicants to provide poison control and prevention services targeting residents of the District of Columbia.

In FY 2016, approximately \$ 350,000 has been made available from locally appropriated funds to implement a program to provide poison control services. The following entities are eligible to apply for the grant funds under this RFA: Not-for-profit, 501 (c) (3) status community-based organizations with a track record of providing services to the general public on poison control and prevention services and experience in planning and implementing evidence-based educational and training programs among targeted populations.

The release date for RFA # CHA_PCP121115 will be Friday, December 11, 2015. The District of Columbia, Department of Health (DOH) Community Health Administration (CHA) will have the complete RFA available on the DC Grants Clearinghouse website at <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse> on Friday, December 11, 2015. The RFA will also be made available at the Community Health Administration, 899 North Capitol Street NE, 3rd floor.

The Request for Application **RFA# CHA_PCP121115 submission deadline is Monday, January 11, 2016** by 4:00 p.m. to the District of Columbia, Department of Health, Community Health Administration at 899 North Capitol Street, NE, 3rd Floor.

Applicants are encouraged to e-mail their questions to sherry.billings@dc.gov prior to a Pre-Application Conference Call **scheduled for Friday, December 18, 2015 from 2:00 p.m. to 3:30 p.m. at the following number 1/866/876-8620, participant code 9862284#.**

For any questions regarding the RFA, please contact Jason Brown, Bureau Chief, Cancer and Chronic Disease Bureau at (202) 442-9414.

CONTENTS

CONTENTS.....	V
CHECKLIST FOR APPLICATIONS	2
I. GENERAL INFORMATION.....	3
A. Key Dates	3
B. Source of Grant Funding	3
C. Amount of funding available.....	3
D. Performance and Funding Period	3
E. Eligible Organizations/Entities.....	3
II. BACKGROUND & PURPOSE	4
A. Background	4
B. District of Columbia Perspective.....	4
C. Purpose.....	5
III. PERFORMANCE REQUIREMENTS	5
A. Priority Strategies	5
B. Target Population	5
C. Priority Settings	6
D. Outcomes.....	6
E. Impact.....	6
F. Program Components	Error! Bookmark not defined.
IV. ADMINISTRATIVE REQUIREMENTS	7
A. Grant Uses	7
B. Conditions of Award	7
C. Indirect Cost	8
D. Insurance	8
E. Audits	8
F. Nondiscrimination in the Delivery of Services	8
G. Quality Assurance	8
V. APPLICATION REQUIREMENTS:	9
VI. EVALUATION CRITERIA.....	11
A. Background and Need (10 points).....	11
B. Organizational Capacity (20 Points)	11
C. Partnerships, Linkages, and Referrals (15 Points)	11
D. Implementation Narrative and Work Plan (40 points)	12
E. Performance Monitoring and Evaluation (15 Points).....	12
F. Budget and Budget Justification Narrative (Reviewed, but not scored)	12
VII. APPLICATION SUBMISSION.....	12
A. Application Package.....	12

B. Application Elements - Project Narrative & Attachments 13
C. Pre-Application Conference 13
D. Internet 13
E. Assurances & Certifications 14
F. Format 14
G. Submission 14
H. Contact Information 15

VIII. REVIEW AND SCORING OF APPLICATIONERROR! BOOKMARK NOT DEFINED.

IX. APPENDICES 17
A. Definitions 17
B. Resources 17
C. Work Plan Template..... 17
D. Budget Format and Guidance..... 17
E. DOH Application for Grant Funding (NEW) 17
F. Applicant Receipt 17
G. Assurances & Certifications..... 17

CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Grant Funding (NEW) and affixed it to the front of the Application Package which includes an applicant profile, proposal summary/abstract, contact information, and all assurance and certification documents)
- The complete **Application Package** should include the following:
 - ✓ DOH Application for Grant Funding
 - ✓ Project Narrative
 - ✓ Project Work Plan
 - ✓ Project Budget & Justification
 - ✓ Package of Assurances and Certification Documents
 - ✓ Other Attachments allowed or requested by the RFA (e.g. resumes, letters of commitment, Memoranda of Understanding (MOU) logic models, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization
- The Applicant must have a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain a DUNS # if needed.
- The Project Narrative is printed on 8½ by 11-inch paper, **Single-spaced**, on one side, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. The **narrative** (excluding Budget & Justification, Work Plan and all other attachments) is limited to **ten (10) pages**. The **entire application package is 40 pages maximum** (including attachments). Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application proposal format conforms to the “Application Elements” listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The Proposed Work plan is complete and complies with the forms and format provided in the RFA
- The Applicant is submitting one (1) marked original and three (3) hard copies.
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than 4:00 p.m. on the deadline date of January 11, 2016.

I. GENERAL INFORMATION

A. Key Dates

Notice of Funding Availability: November 27, 2015

Request for Application Release Date: December 11, 2015

Pre Application Meeting Date: December 18, 2015

Application Submission Deadline: January 11, 2016

Anticipated Award Start Date: February 15, 2016

B. Source of Grant Funding

Local appropriated dollars

Amount of funding available - \$ 350,000

C. Performance and Funding Period

The anticipated Project Period of the grant shall be from date of award through September 30, 2018, contingent upon availability of funds. This would be for three budget periods, with the first period established from the start date to September 30, 2016 (approximately 7 months). Two subsequent, scheduled 12-month budget periods would encompass the remainder of the Project Period for the award.

Awards may be extended for an additional option year, dependent on service needs for the District, the awardee's performance and eligibility, plus availability of funds and statutory authority. CHA reserves the right to exercise that additional option year at its sole discretion should funding and statutory authority be present.

No obligation or commitment of funds will be allowed beyond the grant period of performance or any options stated in this RFA. Grant awards are made annually and contingent on demonstrated progress by the recipient in achieving performance objectives, and continued availability of funds.

D. Eligible Organizations/Entities

The following are eligible organizations/entities who can apply for grant funds under this RFA:

- Not-for-profit community-based organizations with 501 (C) (3) status serving residents of the District of Columbia. Private non-profit organizations and for-profit organizations.
- Experience in providing poison control and prevention services.

- A track record of providing services to the general public on poison control and prevention experience in planning and implementing evidence-based training programs among targeted populations.

II. BACKGROUND & PURPOSE

A. Background

Millions of people are unintentionally poisoned every year. A poison is any substance that will cause harm to a person or animal if it is used the wrong way, by the wrong person or too much is taken into the body. Nationally, lives are saved daily and injury and illness are prevented when parents, grandparents, babysitters, paramedics, doctors, school nurses, and the general public call one of the nation's 55 poison centers for help.

Poisoning is the leading cause of injury death in the United States. Pharmaceutical and illicit drugs cause the vast majority of poisoning deaths. Since 2000, the USA age-adjusted drug poisoning death rate has increased drastically from 28.8 per 100,000 in 2000 to 39.9 per 100,000 in 2013 (132,552 deaths).

- ❖ In 2013, 43,982 deaths were due to drug poisoning; 81% of these deaths were unintentional, 12% were suicides, and 6% were of undetermined intent.
- ❖ From 2000 to 2013, drug poisoning death rates increased nearly 2.6-fold for females and doubled for males.
- ❖ In 2013, the age-adjusted rate for drug poisoning deaths for males (17.0 per 100,000) was 1.6 times that of females (10.6).
- ❖ From 2000 to 2013, drug poisoning death rates increased 2.7-fold for non-Hispanic white people and 1.3-fold for non-Hispanic black people.
- ❖ In 2013, the age-adjusted drug poisoning death rate was 17.6 for non-Hispanic white people and 9.7 for non-Hispanic black people.
- ❖ The drug poisoning death rate is highest for adults aged 45–54. In a single year, from 2012 through 2013, the drug poisoning death rate increased 16%.
- ❖ Nearly 70% of the opioid analgesic poisoning deaths in 2013 involved natural and semisynthetic opioid analgesics such as hydrocodone, morphine, and oxycodone.

B. District of Columbia Perspective

Poisoning constitutes a healthcare crisis that directly and /or indirectly affects all residents and communities in the District of Columbia (DC). Since 2000, the age-adjusted drug poisoning death rates in the District has been very close to the national death age adjusted rate numbers.

Table 1. District of Columbia Age-Adjusted Poisoning Death Rates

Year	State	Death Age Adjusted Rate per 100,000
2000	District of Columbia (11)	29.4
2001	District of Columbia (11)	35.0
2002	District of Columbia (11)	30.0
2003	District of Columbia (11)	34.7
2004	District of Columbia (11)	34.6
2005	District of Columbia (11)	33.4
2006	District of Columbia (11)	36.0
2007	District of Columbia (11)	28.5
2008	District of Columbia (11)	25.9
2009	District of Columbia (11)	20.9
2010	District of Columbia (11)	35.1
2011	District of Columbia (11)	27.7
2012	District of Columbia (11)	30.1
2013	District of Columbia (11)	33.3

C. Purpose

The District of Columbia, Department of Health (DOH) Community Health Administration, is soliciting applications from eligible organizations located in the District and licensed to conduct business within the District of Columbia to create awareness of poison information control services and prevention education activities.

The objective is to reduce poison-related morbidity, mortality, and hospital admissions. In particular, reduce emergency room and physician office treatment for minor poison cases and to produce corresponding increases in home management of poisoning under poison service direction. Additionally, provide poison prevention training to increase public awareness of common toxic substances, especially as they relate to young children.

III. PERFORMANCE REQUIREMENTS

A. Priority Strategies

Applicants are encouraged to utilize strategies that:

- **Develop** sustainable strategies that can be shared, duplicated and-or expanded with minimal resources beyond the life of the grant;
- **Empower and mobilize** targeted population with training activities and training materials to address the priority topic area;
- **Explore** new (yet proven to be effective with documented evidence) and innovative approaches to addressing long-standing entrenched problems regarding poison control and prevention activities.

B. Target Population

- All District of Columbia residents and visitors to the District of Columbia.
- Healthcare facilities in the District of Columbia

C. Priority Settings

- Agencies and/or organizations that provide poison expertise and treatment in the District of Columbia.

D. Outcomes

Short-term Outcomes

- Increased knowledge and awareness of the availability of a 24/7 poison treatment call in number
- Increased knowledge and awareness of common household poison risks
- Increased access to poison prevention educational materials and resources

Intermediate Outcomes

- Increased promotion activities that include media messages, by establishing partnerships with local health professionals, schools, and community organizations

Long-term Outcomes

- Reduced poison-related morbidity, mortality, and hospital admissions in the District

E. Impact

- Premature death and disability averted
- Improved quality of life
- Medical costs averted

F. Program Components

This section outlines the components for the RFA. The successful applicant is required to address all following components:

Call Response Component.

- A. Provide appropriate, accurate, and immediate information and treatment advice about human poisonings and toxic exposures by experts (pharmacist, physician, nurses and poison information providers who are toxicology specialist);
- B. Provide full-time toxicological supervision;

- C. Identify the specialized treatment facilities of the regions;
- D. Operate 24 hours a day, every day of the grant period; and
- E. Respond to requests from the general public and health care professionals across the District at no cost to the caller.

Professional Education Component.

The successful applicant will be expected to provide information using a variety of strategies on the management of poisoning to health professionals who care for poisoned patients who are District of Columbia residents or visitors.

Public Awareness Component.

The successful applicant will be expected to provide a variety of public education activities across the District that informs the public about:

- a) When and how to call the poison control center;
- b) How to prevent poisonings; and
- c) How to provide first aid in a poisoning situation

Reporting Component.

The grantee must report quarterly to the District of Columbia Department of Health on their fiscal performance and programmatic status. The grantee must also report annually information about programmatic results.

IV. ADMINISTRATIVE REQUIREMENTS

A. Grant Uses

- The grant awarded under this RFA shall be used exclusively to pay costs associated with the implementation of the grant.
- Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.

B. Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Grant Award (NOGA) will be required to:

- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre-award negotiations with assigned DOH project and grants management personnel.

- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of a grant agreement and Notice of Grant Award issued by the Director of the Department of Health and accepted by the grantee organization. The grant agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by federal agreements.
- Utilize Performance Monitoring & Reporting tools developed and approved by DOH.

C. Indirect Cost

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies.

D. Insurance

Applicant that receives an award under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

E. Audits

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. Grantees subject to A-133 rules must have available and submit as requested the most recent audit reports, as requested by DOH personnel.

F. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity.

Quality Assurance

DOH will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the grantee. Grantee will submit an interim and final report on progress, successes and barriers.

Funding is contingent upon the Grantee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The Grantee will receive a performance rating and subject to review at any time during the budget period.

A final performance report shall be completed by the Department of Health and provided and held for record and use by DOH in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DOH Office of Grants Management.

V. APPLICATION REQUIREMENTS:

Applicant will provide the following:

Program Overview

- Persons to be reached
- Interventions/ Program Models
- Recipient Responsibilities/Activities
- Describe current capacity to support the activities identified in the recipient activities.
- Describe past policy, environmental, programmatic, and infrastructure successes, including lessons learned, if applicable. Identify past policy, environmental, programmatic, and infrastructure successes that have demonstrated improved community outcomes.
- Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population related to chronic diseases, conditions or risk factors.

Background and Need

- Describe current capacity to support the activities identified in the recipient activities.
- Describe past policy, environmental, programmatic, and infrastructure successes, including lessons learned, if applicable. Identify past policy, environmental, programmatic, and infrastructure successes that have demonstrated improved community outcomes.
- Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health

disparities that characterize the population related to chronic diseases, conditions or risk factors.

Organizational Capacity

- Describe experience in serving the target population(s).
- Describe existing and additional required staff (if any), qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe how funding will support strategies that align with the goals of the initiative.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe additional sources of funding the program will pursue.

Partnerships, Linkages, and Referrals

- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to participate actively in the implementation, and evaluation, if applicable to the applicant's implementation plan.
- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Provide letters of commitment and evidence of support and connections with other agencies and organizations across multiple relevant sectors pertinent to the accomplishment of the selected outcome measures.
- Explain the process for tracking linkages and their outcomes, and how collecting and reporting data on referrals.

Project Description (Implementation Narrative) and Work Plan

- Describe selected strategies/interventions and how they will be implemented to achieve program goals, objectives and outcome measures.
- Outline the reasoning for selecting the proposed objectives and activities, including an assessment of the current needs and assets in the community and indicate plans for sustainability and leveraging resources.
- Include a Work Plan that includes all of the elements found in the work plan example provided in Attachment A. The work plan should propose Process and Outcome Objectives; identify selected activities; describe key milestones/indicators, and timelines; estimate reach, identify lead individuals or organizations, and data sources for performance monitoring.
Objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed). [Include your Work Plan as Attachment A.]

Performance Monitoring and Evaluation

- Describe plans for collecting data on the selected outcome measures cited in the work plan.
- Describe how lessons learned will be captured and disseminated.
- Describe a plan for developing at least two unique dissemination products about the successes, lessons learned, and results of your project. Products can include but are not limited to poster for poster session, journal article, report or brief, plan, or abstract/presentation of results at a conference.

Budget and Budget Justification Narrative

Include the budget and budget justification narrative as separate attachments, not to be counted in the narrative page limit. The line item budget and budget narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the program.

VI. EVALUATION CRITERIA

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

A. Background and Need (10 points)

- Demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program interventions;
- Demonstrates current capacity to perform the work of the RFA as described in the application submitted, including past successes in improving health outcomes and discussed challenges and how they were addressed in implementing policy, environmental, programmatic, and infrastructure strategies.

B. Organizational Capacity (20 Points)

- Demonstrates experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)
- Demonstrates that proposed staff or key persons and recruitment plans consistent with the applicant's ability to carry out proposed activities.
- Demonstrate how funding will align to provide adequate resources to accomplish the goals of the initiative.
- Demonstrate adequate fiscal management plans and reporting systems to comply with the reporting requirements.
- Has the applicant provided strong sustainability plans including identification of additional sources of funding to leverage and the ability to capture and report that information?

C. Partnerships, Linkages, and Referrals (15 Points)

- Demonstrate how organization activities support the applicant's ability to carry out activities under this program.
- Are appropriate letters of support/commitment included, clearly outlining a commitment to proposed activities?

- Demonstrate their experience and past success collaborating with other organizations to improve community outcomes as well as plans for new community collaboration.

D. Implementation Narrative and Work Plan (40 points)

- Does the applicant's proposed plan present a cohesive set of strategies/activities? How well do the proposed strategies address the selected outcome measures for the intervention population, including in relation to health disparities?
- Demonstrate that proposed strategies strive to align with the District's concussion legislation, and national guidelines and recommendations.
- Does the applicant demonstrate proven ability to effectively engage and involve the targeted populations or communities, including implementation of culturally and age appropriate strategies?
- Does the applicant provide estimated population reach for selected outcomes and objectives?
- Demonstrate that the proposed plan provides a foundation for sustainability of efforts.
- Are outcome objectives SMART and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives?

E. Performance Monitoring and Evaluation (15 Points)

- Demonstrate how performance monitoring plan shall allow for continuous program improvement
- Does the monitoring measure the program's success and health impact?
- Demonstrate sufficient ability to collect data specific to identified population(s).
- Are the measures of effectiveness included in the application and related to the performance goals stated in the "Background & Purpose" section?

F. Budget and Budget Justification Narrative (Reviewed, but not scored)

- Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives, planned program activities, target populations and numbers served?

VII. APPLICATION SUBMISSION

A. Application Package

Only one (1) application per organization will be accepted for the Program Components. Multiple applications for a single Program Area submitted by one organization will be deemed ineligible and not forwarded to the external review panel. If an organization is applying for more than one Program Area, the organization has to submit one application per Program Area. A Complete **Application Package** shall contain the following:

- A DOH Application for Grant Funding
- Project Narrative (See Section VII B - Application Elements)
- Appendices (See Section VII B – Application Elements)
- Assurance & Certification Packet (See Section VII E – Assurances)

B. Application Elements - Project Narrative & Appendices

- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Project Description
- Performance Monitoring & Evaluation
- Appendices
 - Definitions (If applicable provide an application Glossary)
 - Resources (Identify informational resources used in completing the application)
 - Work Plan (Attachment - Required Template)
 - Budget (Attachment - Required Template – Not Scored)
 - Logic Model (Optional)
 - Letters of Support
 - Position Descriptions (if applicable)

C. Pre-Application Conference

A Pre-Application Conference call will be held on December 18, 2015 from 2:00 pm to 3:30pm. Conference call information is as follows: **call-in number 1 (866) 876-8620, participant code 9862284#**. The meeting will provide an overview of CHA’s RFA requirements and address specific issues and concerns about the RFA.

D. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting bryan.cheseman@dc.gov. Please be sure to put “**RFA Contact Information**” in the subject box.

Name of Organization
 Key Contact
 Mailing Address
 Telephone and Fax Number
 E-mail Address

This information shall be used to provide updates and/or addenda to the RFA.

E. Assurances & Certifications

DOH requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package. The assurance package must be submitted along with the application. Only ONE package is required per submission.

DOH classifies assurances packages as two types: those “required to be submitted along with applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application either ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

If the applicant does not have current versions of the documents listed below on file with DOH they must be submitted with the application.

- A current business license, registration, or certificate to transact business in the District of Columbia
 - 501 (C) (3) certification (for non-profit organizations)
 - Current certificate of good standing from local tax authority
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization.

F. Format

Prepare application according to the following format:

- Font size: Times New Roman or Arial 12-point unreduced
- Spacing: Single-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way
- Page limit: narrative 10 pages and 40 pages limit for (narrative, budget & justification, work plan, and all other attachments)

G. Submission

Submit one (1) original hard copy along with **three (3) additional hard copies** to the Community Health Administration by **4:00pm on January 11, 2016**. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health

Community Health Administration
899 North Capitol Street, N.E.
3rd Floor Conference Reception Area
Washington, DC 20002

H. Contact Information

Grants Management

Bryan Cheseman
Office of Grants Monitoring & Program Evaluation
DC Department of Health
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VIII. REVIEW AND SCORING OF APPLICATION

Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

External Review Panel

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

Internal Review

DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

IX. APPENDICES

- A. Definitions**
- B. Resources**
- C. Work Plan Template**
- D. Budget Format and Guidance**
- E. DOH Application for Grant Funding (NEW)**
- F. Applicant Receipt**
- G. Assurances & Certifications**

APPENDIX A: DEFINITIONS

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APPENDIX B: RESOURCES

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APPENDIX C: WORK PLAN TEMPLATE 2.0

Applicant Organization
Contact Person:
Telephone:
Email Address:
Estimated Reach:

DOH RFA# CHA_PCP121115
RFA Title: FY 2016 Poison Control & Prevention Services
Project Title:
Total Request \$:
Cost Per Beneficiary:
Page 1 of _____

PROPOSED WORK PLAN*

SMART GOAL 1: Insert in this space one proposed project goal. Proceed to outline administrative and project objectives, activities and targeted dates in the spaces below. Identify key persons and roles.

Measurable Objectives/Activities:

Objective #1.1:

Key Indicator(s):

Key Partners:

Table with 4 columns: Key activities needed to meet this objective, Start Date, Completion Date, Key Personnel (Title) / Contractor/s. Rows 1, 2, 3.

Objective #1.2:

Key Indicator(s):

Key Partners:

Table with 4 columns: Key activities needed to meet this objective, Start Date, Completion Date, Key Personnel (Title) / Contractor/s. Rows 1, 2, 3.

Objective #1.3:

Key Indicator(s):

Key Partners:

Table with 4 columns: Key activities needed to meet this objective, Start Date, Completion Date, Key Personnel (Title) / Contractor/s. Rows 1, 2.

Continue with this format to outline additional goals and related process objectives.

APPENDIX D: BUDGET FORMAT

For additional guidance <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

The following is a sample format to complete you budget narrative

A. Salaries and Wages

Total: \$

Name	Position Title	Annual Salary	Time	Months	Amount Requested

Position Descriptions/Justifications:

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

B. Fringe Benefits

Total: \$

Fringe benefits are applicable to direct salaries and are treated as direct costs. The fringe benefit rate for the government of the District of Columbia is 10% of [insert salaries total] salaries, \$ x 10 % = \$.

C. Consultants/Contracts

Total: \$

Contractor #1		\$
Name of Contractor		
Method of Selection (check appropriate box)	Sole Source*	Competitive
*If Sole Source - include an explanation as to why this institution is the only one able to perform contract services		
Period of Performance	Start Date of Contract	End Date of Contract

Scope of Work Written as outcome measures Specify deliverables Relate to program objectives/activities	
Method of Accountability (describe how the contract will be monitored)	
Budget	

D. Equipment **Total: \$**

E. Supplies **Total: \$**

General office supplies (pens, paper, etc.) \$1,200.00
(18 months x \$300/year x 2 staff)

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the grant.

F. Travel **Total: \$**

Provide details and rationale for proposed in-state and out of state travel

G. Other **Total: \$**

Provide details and rationale for any other items required to implement the award.

H. Total Direct Cost **Total: \$**

Salary and Wages	
Fringe	
Contracts	
Equipment	
Supplies	
Travel	
Other	
Total Direct	

I. Total Indirect Cost **Total: \$**

Indirect cost is calculated as a percentage of total personnel cost
(Salary \$___ + fringe benefits \$ ___ x 10%)

J. Total Financial Request Summary

Salary and Wages	
Fringe	
Contracts/Consultant	
Equipment	
Supplies	
Travel	
Other	
Total Direct	
Indirect Cost	
Total Financial Request	

APPENDIX E: APPLICATION FOR GRANT FUNDING



**Department of Health District of Columbia
Application for Grant Funding**

RFA # CHA_PCP121115	RFA Title: FY 2016 Poison Control and Prevention Services
Release Date:	DOH Administrative Unit: Community Health Administration
Due Date:	Fund Authorization: Pursuant to terms of CDC NOA#

New Application Supplemental Competitive Continuation Non-competitive Continuation

- The following documents should be submitted to complete the Application Package:
- DOH Application for Grant Funding (inclusive of DOH & Federal Assurances & Certifications)
 - Project Narrative (as per the RFA Guidance)
 - Project Work Plan (per the RFA Guidance)
 - Budget and Narrative Justification
 - All Required attachments
 - An Assurance and Certification Package

Complete the Sections Below. All information requested is mandatory.

1. Applicant Profile: **2. Contact Information:**

Legal Agency Name:	Agency Head:
Street Address:	Telephone #:
City/State/Zip	Email Address:
Ward Location:	
Main Telephone #:	Project Manager:
Main Fax #:	Telephone #:
Vendor ID:	Email Address:
DUNS No.:	

3. Application Profile:

	Program Area:	Funding Request:
Select One Only:		

Proposal Description: 200 word limit

Enter Name & Title of Authorized Representative

Date

APPENDIX F: APPLICATION RECEIPT



Application Receipt for RFA# CHA_PCP121115

The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.

The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to RFA# CHA_PCP121115. The application package has been submitted by an authorized representative for the following organization:

_____ (Applicant Organization Name)

_____ (Address, City, State, Zip Code)

_____ (Telephone) _____ (Fax) _____ (E-mail Address)

Submitted by: _____ (Contact Name/Please Print Clearly) _____ (Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: _____
2. Amount Requested: _____
3. Program / Service Area for which funds are requested in the attached application: *(check one)*

ORIGINAL APPLICATION PACKAGE AND _____ (NO.) OF COPIES	Date Stamp
Received on this date: ____ / ____ / 2013	
Time Received: _____	
Received by: _____ Tracking # _____	

District of Columbia Department of Health Use Only

APPENDIX G: ASSURANCES AND CERTIFICATIONS**APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES**

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant/Grantee organization. These assurances and certifications reflect requirements for recipients of local and pass-through federal funding.

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The 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 OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DOH, 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 a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. 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. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. 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. 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, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.
11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. 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 or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

The Applicant/Grantee shall comply with all applicable District and federal statutes and regulations, including, but not limited to, the following:

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over \$100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. 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.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);
13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following

requirements:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
- 2) Establish a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and
- (3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;

17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;

18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);

19. Title VI of the Civil Rights Act of 1964;

20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);

21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and

22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification

2. Applicant/Grantee Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends \$750,000 or more in federal funds within the recipient’s last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee’s last fiscal year, were you required to conduct a third-party audit?	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

C. Executive Compensation: For an award issued at \$25,000 or above, do Applicant/Grantee’s top five executives do not receive more than 80% of their annual gross revenues from the federal government, Applicant/Grantee’s revenues are greater than \$25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission. <i>If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.</i>	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO
D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: _____ If yes, insert the name of the cognizant federal agency? _____	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO
E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DOH award.	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this application for funding and if considered for funding by DOH, to negotiate and accept terms of Agreement on behalf of the Applicant/Grantee organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and

I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

Sign:

Date:

NAME: INSERT NAME

TITLE: INSERT TITLE

AGENCY NAME: