

DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION

# DISTRICT OF COLUMBIA TOBACCO CONTROL PROGRAM

**Request for Applications**

**RFA# CHATPCG02.06.15**

**Release Date: Februarys 6, 2015**

**Submission Deadline: February 25 , 2015 by 5:00 pm**



**DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION**

**NOTICE OF FUNDING AVAILABILITY**

**Request For Applications # CHA\_TPCG02.06.15**

**FY 2015 Tobacco Control Program**

The Government of the District of Columbia, Department of Health (DOH), Community Health Administration (CHA) is soliciting applications from qualified applicants to implement environmental, systems and programmatic changes aimed at preventing tobacco related deaths in the District of Columbia.

The proposed programs should focus on one of the following three priority areas:

1. Cessation Support and Health Equity
2. Smoke-free Places (i.e. housing, work site, etc.)
3. Faith-based Methods

In FY 2015, approximately \$700,000 in Tobacco Prevention and Control funds will be available for up to five awards. The anticipated award period is from date of award to September 30, 2015. Grants will be funded using FY 15 DC appropriated funds. All awards are contingent upon the availability of funds.

The release date for **RFA No. CHA\_TPCG02.06.15 is Friday, February 6, 2015**. The complete RFA will be available on the Office of Partnerships and Grants Services website, <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse> under the DC Grants Clearinghouse. A limited number of copies will also be available for pick-up at 899 North Capitol Street, NE, Third Floor (Reception Area), Washington, D.C. 20002.

The deadline for submission and receipt of completed applications is **Wednesday, February 25 2015 by 5:00 p.m.** Late submissions will not be accepted.

A Pre-Application Conference will be held **on Thursday, February 12, 2015 from 4:00pm-5:30pm** at \*899 North Capitol St., NE, 3<sup>rd</sup> Floor Conference Room 306, Washington, DC 20002.

Applicants are encouraged to e-mail their questions to Erin Thomas at [erin.thomas@dc.gov](mailto:erin.thomas@dc.gov) or call (202) 442-5902 prior to the pre-application conference.

**\*899 North Capitol St. NE is a secured building. Government issued identification must be presented for entrance.**

**District of Columbia Department of Health  
Terms for Requests for Applications & Funding**

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

- Funding for an award is contingent on continued funding from the DOH grantor or funding source.
- The RFA does not commit DOH to make an award.
- 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. DOH shall notify the applicant if it rejects that applicant's proposal.
- DOH may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. 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 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 provide the citations to the statute and implementing regulations that authorize the grant or sub-grant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at the following site: [www.opgs.dc.gov](http://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](mailto: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.

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## 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 needs 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 Workplan 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, 3<sup>rd</sup> Floor Reception Area** no later than 5:00 p.m., on the deadline date of Wednesday, February 25.

## I. GENERAL INFORMATION

### A. Key Dates

Notice of Funding Announcement Date: January 23, 2015

Request for Application Release Date: February 6, 2015

Pre Application Meeting Date: February 12, 2015

Application Submission Deadline: February 25, 2015

Anticipated Award Start Date: March 6, 2015

### B. Source of Grant Funding

DC Local appropriated dollars

### C. Amount of funding available

Up to \$700,000 will be available to support Tobacco Prevention and Control

### D. Performance and Funding Period

The anticipated performance and funding period is from date of award through September 30, 2015.

**No obligation or commitment of funds will be allowed beyond the grant period of performance. Grant awards are made annually and contingent on demonstrated progress by the recipient in achieving performance objectives, and continued availability of funds. CHA reserves the right to make partial awards (i.e. partial funding and/or proposed services) and to fund more than one agency for each target population covered in all program areas.**

### E. Eligible Organizations/Entities

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

- Non-profit 501 (C) (3) organizations, faith-based organizations, and community-based organizations serving residents of the District of Columbia. Private, for-profit organizations, government agencies, schools (public, private, charter schools).
- Organizations meeting the above eligibility criteria and having documentation of providing services to targeted populations with high documented burdens of chronic diseases, conditions and risk factors and with the following experience and support in place: demonstrated success working with multiple sectors or experience working with community, or other leaders, as appropriate, and a demonstrated track record of improving community outcomes (including documented evaluations) through policy,

environmental, programmatic and infrastructure strategies; and demonstrated ability to meet reporting requirements related to programmatic, financial, and management benchmarks as required by the RFA.

- Experience working on tobacco prevention programs and/or with underserved, hard-to-reach or vulnerable populations.
- A track record of providing tobacco cessation and support services to District residents.
- Experience in planning and implementing evidence-based interventions among targeted populations.

## II. BACKGROUND & PURPOSE

### A. Background

**Tobacco Smoke and Health Effects:** Although there has been an overall decline in smoking prevalence from 2005 (20.9%) to 2012 (18.1%), smoking continues to be a significant public health problem<sup>1</sup>. Tobacco smoking is the single most preventable cause of disease, disability and death in the United States. More than 480,000 deaths, or one in every five deaths each year, and more than 16 million Americans suffer from a disease caused by smoking<sup>1</sup>. The three leading causes of smoking-attributed deaths are lung cancer, chronic obstructive pulmonary disease (COPD) and coronary heart disease. Despite these staggering statistics, an estimated 42.1 million people, or 18% of all adults, in the United States smoke cigarettes<sup>1</sup>. The District, with a population of 605,759, the smoking prevalence rate is 19.6% among adults (age 18 and older); and 12.5% among young adults (age 18-24 years)<sup>2</sup>.

**Secondhand Smoke and Health Effects:** Tobacco smoke not only negatively affects the health of the smoker but also nonsmokers living and working around them. Secondhand smoke (SHS) is defined as a mixture of sidestream tobacco smoke from the tip of the cigarette and mainstream smoke exhaled by the smoker<sup>3</sup>. According to research, SHS contains more than 7,000 chemical compounds which many reduce the immune system and cause harmful health effects including cancer<sup>3,4</sup>. Thus, SHS exposure can result in disease and premature death in nonsmokers. Some of these diseases include heart disease and lung cancer in nonsmoking adults and sudden infant death syndrome, bronchitis, pneumonia and ear infections in children. SHS exposure can also exacerbate existing asthma conditions in children leading to asthma attacks and hospitalization<sup>3</sup>.

Most exposures to SHS occurs in homes and workplaces. The Surgeon General finds that there is no safe level of exposure to SHS<sup>3</sup>. Even brief exposures can cause serious health outcomes in nonsmokers especially among vulnerable populations, like those with pre-existing conditions (heart disease, respiratory problems),

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<sup>1</sup> CDC, [www.cdc.gov](http://www.cdc.gov)

<sup>2</sup> 2008-2012 American Community Survey

<sup>3</sup> CDC, National Center for Environmental Health, Division of Emergency and Environmental Health Services. *Healthy Homes Manual: Smoke-Free Policies in Multiunit Housing*,

<sup>4</sup> U.S. Department of Health and Human Services. A Report of the Surgeon General: *The Health Consequences of Smoking – 50 Years of Progress*, 2014.

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and children. Children breathe faster than adults, have smaller bodies and lungs that are still developing which makes them especially vulnerable to negative health effects of SHS<sup>3</sup>.

**At-Risk Populations and Disparities:** Although declines in tobacco smoke and SHS occurred across all populations, levels of exposure to tobacco has consistently been found disproportionately higher in certain populations: Children, non-Hispanic Black Americans, low income, and people of certain occupations.

Children are at a higher risk of exposure to SHS: 53.6% of children aged 3 to 11 years were exposed to SHS in 2007-2008<sup>1</sup>. Nationally, 18.2% of children (aged 3 to 11 years) lived with someone who smoked inside their home, but only 5.4% of nonsmoking adults lived with someone who smoked inside their home. In addition among children who live in homes where no one smoked inside, those who live in multiunit housing have 45% higher exposure to tobacco toxins than those living in detached homes<sup>1</sup>.

In 2012, there was almost three times higher rate of tobacco use among African American District residents (29.1%) as compared to White (10.7%) residents<sup>5</sup>. Similarly, a disproportionately higher rate of tobacco prevalence was observed among the District's Hispanic (21.7%) population<sup>5</sup>. National data shows, a higher percentage of non-Hispanic Blacks (55.9%) were exposed to SHS as compared to 40.1% of non-Hispanic Whites and 28.5% of Mexican Americans.

Similarly, SHS exposure tends to be disproportionately higher among persons with low incomes: 60% of persons living below the poverty level in the United States were exposed to SHS in 2007-2008<sup>1</sup>. In 2012, the prevalence rate of tobacco use among District residents with income below \$15,000 was almost 4 times more than those with income \$50,000 and above<sup>5</sup>.

Although there was a decline in occupational disparities in SHS exposure, there are still considerable differences in exposure among workers. African-American male workers, construction workers, blue collar workers and service workers continue to experience high levels of SHS exposure relative to other workers.

**The cost of tobacco smoking:** There is a significant monetary cost to society due to smoking. According to the Surgeon General Report in 2014, the national annual costs attributed to smoking are between \$289 billion and \$333 billion, including \$130 billion for direct medical care of adults and \$150 billion for lost productivity due to premature death. SHS exposure also has a significant economic impact<sup>4</sup>. It is estimated to cost \$5 billion a year in direct medical costs and an additional \$5 billion annually in indirect economic costs in the United States<sup>3</sup>.

## B. District of Columbia Perspective

The District of Columbia ("DC" or "the District") is closer than ever to achieving a tobacco free city but we are not there yet. A comprehensive tobacco control program, an approach adopted by the District, is a coordinated, sustained multi-faceted effort that focuses on establishing smoke-free policies and social norms, assists tobacco users to quit, and prevents initiation of tobacco use. This approach synergistically combines education, clinical, regulatory, economic and social strategies<sup>6</sup>.

Although the geographical space of the District is small compared to most major cities, it is quite dense. The District is geographically divided into four quadrants (northeast, northwest, southeast and

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<sup>5</sup> Behavioral Risk Factor Surveillance System, 2012

<sup>6</sup> Center for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs*, 2014 RFA# CHATPCG02.06.15

southwest) and eight electoral Wards. The population in each Ward is approximately the same, but in terms of socio-economic status, health and wellness, cancer and chronic disease, they are extremely different.

The District is undergoing revitalization in many areas; the city is taking many steps to building a healthy community which includes a sustainable safe and prosperous place to grow, live, work, and play. People are flocking to DC for a variety of reasons and the Tobacco Control Program (TCP) is helping people stay smoke-free through many successful environmental policy wins. D.C. Code § 7-1701 protects the public health, comfort, and environment by prohibiting smoking in certain facilities, vehicles, and restaurants open to or used by the general public; this is a means of protecting people from secondhand smoke. The D.C. Code § 7-1703.02 regulates smoking in any District workplace. Furthermore, smoking is generally prohibited in elevators, public selling areas of retail stores (except a tobacco shop or store selling tobacco and smoking equipment), government public assembly or hearing room, and educational facilities. Other victories include: D.C. Code § 7-1703 prohibiting smoking in health care facilities frequented by the general public, including hallways, waiting rooms and lobbies. D.C. Code § 7-1703 prohibiting tobacco smoking in brew pubs, clubs, nightclubs, taverns, bars and bar areas of a restaurant. [CDCR 20-2100]. However the District of Columbia has not yet been successful in passing law for tobacco products such as e-cigarettes. Nor has a city-wide policy been put in place for smoke-free housing, which impacts some 13,400 living in public housing. Also, DC Code § 22-1320 prohibits the sale of tobacco to minors under 18 years of age, which in theory should prohibit 103,986 youths from accessing cigarettes directly. The DC Code § 38-826.05; prohibits tobacco and tobacco products in public schools and public charter schools thus creating tobacco-free school campuses, which affects 82,958 students. In addition, two major universities have become smoke-free in the District: American University which protects some 12,837 faculty (848 full-time faculty) and students (6,824 undergraduate and 3,449 graduate students) and George Washington University which protects some 26,174 faculty (1,174 full-time faculty) and students (10,000 undergraduate, 14,000 graduate and 1000 non-degree students).

### **C. Problem Statement**

While the District has made advancements in terms of tobacco prevention, cessation, and tobacco control policies; tobacco remains a significant problem in the District and disparities continue to exist. To achieve health equity in tobacco control, there must be a broader comprehensive effort to build and improve the social and physical environment. Multiple strategies must be synergistically utilized to effectively address policy change and enforcement such as mass media campaigns to educate the public, social justice efforts to prevent segmented members of the population from being adversely targeted, leader advocates in the community to help residents change attitudes and perceptions and opportunities for current smokers to find a long lasting method to quit.

To that end this RFA looks to build on the District's current successes by focusing on three priority areas: (1) Cessation support and health equity; (2) Smoke-free places; and (3) Community mobilization and partnerships through faith-based methods.

### **D. 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 RFA# CHATPCG02.06.15

District of Columbia to develop and implement locally tailored evidence-based strategies that will reduce the disproportionate exposure of tobacco smoke and SHS among vulnerable populations by

1. Increasing access to tobacco cessation support;
2. Identifying and decreasing tobacco disparities and their impact (Health equity);
3. Increasing smoke-free places; and
4. Increasing partnership and investment of faith-based organizations in tobacco smoking prevention programs.

### 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 and training materials to address the priority topic area;
- Are **innovative and explore** new (evidenced-based) approaches to addressing long-standing entrenched problems regarding tobacco prevention and control.

#### B. Target Population

- Children (under the age of 18 years)
- African American population
- Low income population
- Multiunit housing residents (public or private), owners, managers, and other stakeholders
- Other vulnerable populations

#### C. Priority Settings

- District-wide

#### D. Outcomes

##### Short-term Outcomes

- Increased number of multi-unit housing adopting smoke-free policies
- Increased access to tobacco cessation and support programs, e.g. Quitline.
- Increased linkages between clinical and community programs in providing comprehensive tobacco prevention
- Increased referrals for tobacco cessation and support programs
- Increased knowledge and awareness around tobacco smoking and SHS risk and tobacco cessation and support programs in the District

- Increased knowledge and awareness about smoke-free policies and voluntary adoption of smoke-free policies among residents, multi-unit housing owners/managers and other community stakeholders

### **Intermediate Outcomes**

- Reduced exposure to secondhand smoke among target population
- Increased access of smoke-free places (housing and worksite)
- Increased use of tobacco prevention community-based resources

### **Long-term Outcomes**

- Reduced rates of chronic diseases due to tobacco smoke and SHS among the target population

## **E. Impact**

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

## **F. Priorities and Activities of Concern**

This portion of the solicitation outlines the three (3) priority areas and activities of the RFA and includes examples of evidence-based strategies and recommendations for inclusion in the RFA response. A proposal should pick **one** focus area and develop goals, objectives, strategies and activities around that priority area.

### **1. Priority Areas**

- **Priority Area 1:** Cessation Support and Health Equity
- **Priority Area 2:** Smoke-free Places (i.e. housing, work site, etc.)
- **Priority Area 3:** Faith-based Methods

### **2. Activities**

#### **Priority Area 1- Cessation Support and Health Equity:**

There are varying rates of smoking and cessation among different communities and populations. Certain population groups have a higher-than-average smoking rates, lower-than-average cessation rates, or higher-than-average rates of tobacco-related diseases<sup>7</sup>. For example, research shows African American adults are more likely to express interest in quitting and more likely to have tried to quit in the past year than White adults, but are less likely to use proven treatment methods (e.g. counseling and/or medication) and are less

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<sup>7</sup> Center for Disease Control and Prevention (CDC), [cdc.gov/healthequityguide](http://cdc.gov/healthequityguide), January, 2015  
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likely to succeed in quitting<sup>7</sup>. Differences in access and health care quality may become barriers to quitting. Additionally, a lack of sensitivity to social norms and cultural traditions in developing cessation programs may impact the effectiveness of an intervention.

Thus, to maximize the health impact of cessation programs and advance health equity, the awardee needs to consider these factors outlined by the CDC when designing, implementing and evaluating tobacco cessation strategies:

1. Access: Increase access to cessation services by integrating them into health systems and making them convenient.
2. Cost: Remove/reduce cost and insurance barriers
3. Diverse norms and customs: Ensure that cessation services are culturally relevant and appropriate
4. Diverse norms and customs: Ensure that cessation services are culturally relevant and appropriate
5. A successful effort requires building a coalition of diverse partners and bringing them together early in the life of the program; and consistently and continually involving them in all processes of the intervention to ensure buy-in and sustainability.

### **Priority Area 2 – Smoke-free Places:**

With mounting evidence of the serious health risk posed by SHS to nonsmokers, eliminating smoking in indoor settings has become a priority. A number of states, communities and businesses have adopted smoke-free laws and policies in an effort to eliminate smoking in workplaces and public places including restaurants and bars. Smoke-free laws and policies tend to garner high levels of public support and compliance. A byproduct of these laws and policies is education and change in social norms among the public around smoking and SHS leading to voluntary adoption of smoke-free home rules, and potentially smoking cessation<sup>3</sup>.

Because private single-family homes cannot be required to go smoke-free, clinical and educational initiatives are used to reduce SHS exposures in this setting. However, in multiunit housing facilities, residents have less control in SHS exposure in their homes because SHS infiltrates from other units where smoking occurs through air ducts, cracks in floors and walls, stairwells, hallways, elevator shafts etc. Thus smoke-free policies in multiunit housing can protect all occupants from SHS exposure.

A number of communities and states have adopted ordinances restricting smoking in multiunit housing. The feedback thus far of landlords has been positive; nearly all surveyed landlords reported decreased operating costs, increased demand for their properties and ease of implementation and enforcement<sup>8</sup>. These successes

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<sup>8</sup> The Massachusetts Smoke-Free Housing Project, Public Health Advocacy Institute, Northeastern University School of Law. *Market Demand for Smoke-Free Rules in Multi-Unit Residential Properties & Landlords' Experiences with Smoke-Free Rules*, April 2009  
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have hinged on gaining buy-in, addressing concerns and educating apartment owners, managers, condominium association and public housing authority boards and residents on:

1. The health effects of SHS,
2. The benefits of voluntary adoption of smoke-free policies, and
3. Conveying clear steps to establishing and enforcing such policies.

RFA responses focusing on this priority area should include strategies and plans:

1. On establishing a Stakeholder Group, of multiunit housing (public or private) residents, owners, managers, association leaders etc., that will participate and provide input throughout the life of the program (including the planning, implementation, and evaluation)
2. Creating awareness and increasing knowledge of stakeholders around voluntary adoption of smoke-free policies
3. To utilize best-practice models in developing and implementing the program including but not limited to: outreach, consensus building, education/training, development of brochures and other education materials, data collection/monitoring, and evaluation

**Priority Area 3 – Faith-based Methods:** Faith-based organizations can be a valuable source of support, aid and information for those seeking to quit smoking. Collaboration with faith-based organization can allow a tobacco cessation and support program to gain access to vulnerable populations, provide comprehensive tobacco prevention education, group and/or one-on-one counselling and treatment in a comfortable, culturally sensitive and targeted approach. Some studies have found a culturally targeted and intensive group based smoking cessation intervention for low-to-middle income African-American smokers is plausibly more effective (with high levels of feasibility, acceptability and better adherence, higher quit rate) in improving smoking cessation outcomes<sup>9</sup>.

RFA responses focused on this priority area are expected to collaborate with faith-based organizations and other community partners to target vulnerable populations and implement tobacco cessation support services, provide referrals and linkages to resources (e.g. Quitline), and culturally sensitive and targeted education.

A logic model (Appendix E), summarizes the strategies and activities outlined in this RFA

## **G. Collaboration**

The awardee is expected to work with DC Department of Health Tobacco Control Program in coordinating efforts, ensuring buy-in and sustainability of all activities. During the funding period, the awardee will also be required to maintain active membership on the DC Tobacco Free Coalition (DCTFC). RFA responses

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<sup>9</sup> A, K. Matthews, [J Community Health. Dec 2009; 34\(6\): 480–492.](#)  
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should provide documentation supporting collaborative partnerships with national and District tobacco prevention stakeholders.

## **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 with justification 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. Grant awardees will be allowed to utilize ten (10) percent of indirect costs for personnel and fringe benefits.

### **D. Insurance**

All applicants that receive awards 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 receiving Preventive Health and Health Services Block Grant funds under this RFA.

### **G. Quality Assurance**

DOH will utilize a risk-based management and monitoring assessment to establish a monitoring plan for the grantee. Grantees 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 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. Describe how objectives will align with “Concussion Protection Act”.
- Include a Work Plan that includes all of the elements found in the work plan example provided in Appendix D. 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 Appendix D.]**

### **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. 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 (NEW FORM)
- Project Narrative (See Section VII B - Application Elements)
- Attachments (See Section VII B – Application Elements)
- Assurance & Certification Packet (See Section VII E – Assurances)

## **B. Application Elements - Project Narrative & Attachments**

- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Project Description
- Performance Monitoring & Evaluation
- Attachments
  - 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 will be held on Thursday, February 12, 2015 from 4:00 p.m. to 5:30 p.m. The meeting will provide an overview of CHA’s RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

The Pre-Application conference will be held in the District of Columbia at 899 North Capitol Street, NE, 3<sup>rd</sup> Floor Conference Room 306, Washington, DC 20002.

## **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](mailto: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].

### **Assurances Required to Submit Applications (Pre-Application Assurances)**

- Signed Assurances and Certifications
  - a. DOH statement of Certification (appendix I)
  - b. Federal Assurances (appendix I)
  - c. Certifications (appendix I)
- Current Certification of Clean Hands from the Office of Tax and Revenue
- 501 (c) 3 Certification or Articles of Incorporation
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

### **Assurances required for signing grant agreements for funds awarded through this RFA (Post Award Assurances)**

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by this award funds
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker’s Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

## **F. Format**

Prepare application according to the following format:

- Font size: Times New Roman or Arial 12-point unreduced
- Spacing: Double-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 20 pages and 50 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 **5:00pm on Wednesday, February 25, 2015**. 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.  
3<sup>rd</sup> Floor, Conference Room 306  
Washington, DC 20002

## **H. Contact Information**

### **Grants Management**

Bryan Cheseman  
Office of Grants Monitoring & Program Evaluation  
DC Department of Health  
Community Health Administration  
District of Columbia Government  
899 North Capitol Street, N.E., 3rd Floor  
Washington, DC 20002  
202.442.9339  
[bryan.cheseman@dc.gov](mailto:bryan.cheseman@dc.gov)

### **Program Contact**

Erin Thomas  
Public Health Analyst – Cessation Specialist  
Tobacco Control Program  
DC Department of Health  
Community Health Administration  
District of Columbia Government  
899 North Capitol Street, N.E., 3rd Floor  
Washington, DC 20002  
202.442.5902  
[erin.thomas@dc.gov](mailto:erin.thomas@dc.gov)

## VIII. APPLICATION REVIEW AND SELECTION INFORMATION

- Applications shall be reviewed by an external review panel made up of technical and subject matter experts for the expressed purpose of providing an independent, objective review of applications. This external review panel shall be responsible for providing a score and technical review comments for record.
- Assurance and certification documents will be reviewed by internal DOH personnel assigned to ascertain whether eligibility and certification requirements have been met prior to consideration of review and recommendation of award.
- Applications' external review scores and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for award.
- In the review phase, applicants may be asked to answer questions or to clarify issues raised during the technical review process. No external review panel member will contact the applicant.
- DOH may request an in-person presentation to answer questions or clarify issues raised during the review process.
- Applicants approved for pre-award review will receive a Notice of Intent to Fund. The notice will outline pre-award requirements and propose any revisions and conditions of awards.

## IX. APPENDICES

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

**APPENDIX A: DEFINITIONS**

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

<b>Faith-based methods:</b>	It is a method of working with faith communities to address the problems and concerns of their communities.
<b>Multiunit Housing:</b>	Public or private multi-family residential (also known as multi-dwelling unit or MDU) is a classification of housing where multiple separate housing units for residential inhabitants are contained within one building or several buildings within one complex. A common form is an apartment building.
<b>Reach:</b>	Estimated number of unique individuals impacted by the program initiatives. The count never exceeds a community Census figure.
<b>Secondhand Smoke (SHS):</b>	Mixture of sidestream tobacco smoke from the tip of the cigarette and mainstream smoke exhaled by the smoker
<b>Smoking (tobacco) Cessation:</b>	The process of discontinuing tobacco smoking for six months or more (as defined by Institute of Medicine of the National Academies). Tobacco contains nicotine, which is addictive, making the process of quitting often very prolonged and difficult.
<b>Tobacco Cessation and Support Services:</b>	Services that include: free telephone support, advice, and counseling from experienced quitline coaches; a personalized quit plan; practical information on how to quit, including coping strategies; the latest information on medications; free or discounted medication; referrals to other resources; and mailed self-help materials.

## APPENDIX B: CALCULATING REACH

### What is Reach?

Estimated number of unique individuals exposed to media campaign and tobacco control program

### Why do we need to Measure the Reach of our Interventions?

- Assure and quantify we have the greatest impact
- Used to meet CDC reporting requirements for HHS
- Used in Congressional Budget Justification
- Used to inform evaluators, awardees, partners, media, and others

### Sample Question Answered by Reach

- How many residents call the DC Quitline for cessation services?
  - How many smokers are impacted?
  - How many of these smokers have other chronic health diseases?

### Limitations of Reach Data

- Do not consider 'dose' or effect size of interventions
- Are estimates only
- Provide snapshots in time for continually changing numbers
- Assume fidelity of implementation of practice and evidence-based strategies
- Cannot gauge health outcomes

## **APPENDIX C: RESOURCES**

CDC - BEST PRACTICES FOR COMPREHENSIVE TOBACCO CONTROL PROGRAMS—2014

[http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/index.htm](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm)

SURGEON GENERAL'S REPORTS ON SMOKING AND TOBACCO USE

[http://www.cdc.gov/tobacco/data\\_statistics/sgr/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/index.htm)

APPENDIX D: WORK PLAN TEMPLATE 2.0

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

DOH RFA# CHA\_TPCG02.06.15
RFA Title: Tobacco Prevention and Control
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 1-3.

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 1-3.

Objective #1.3:

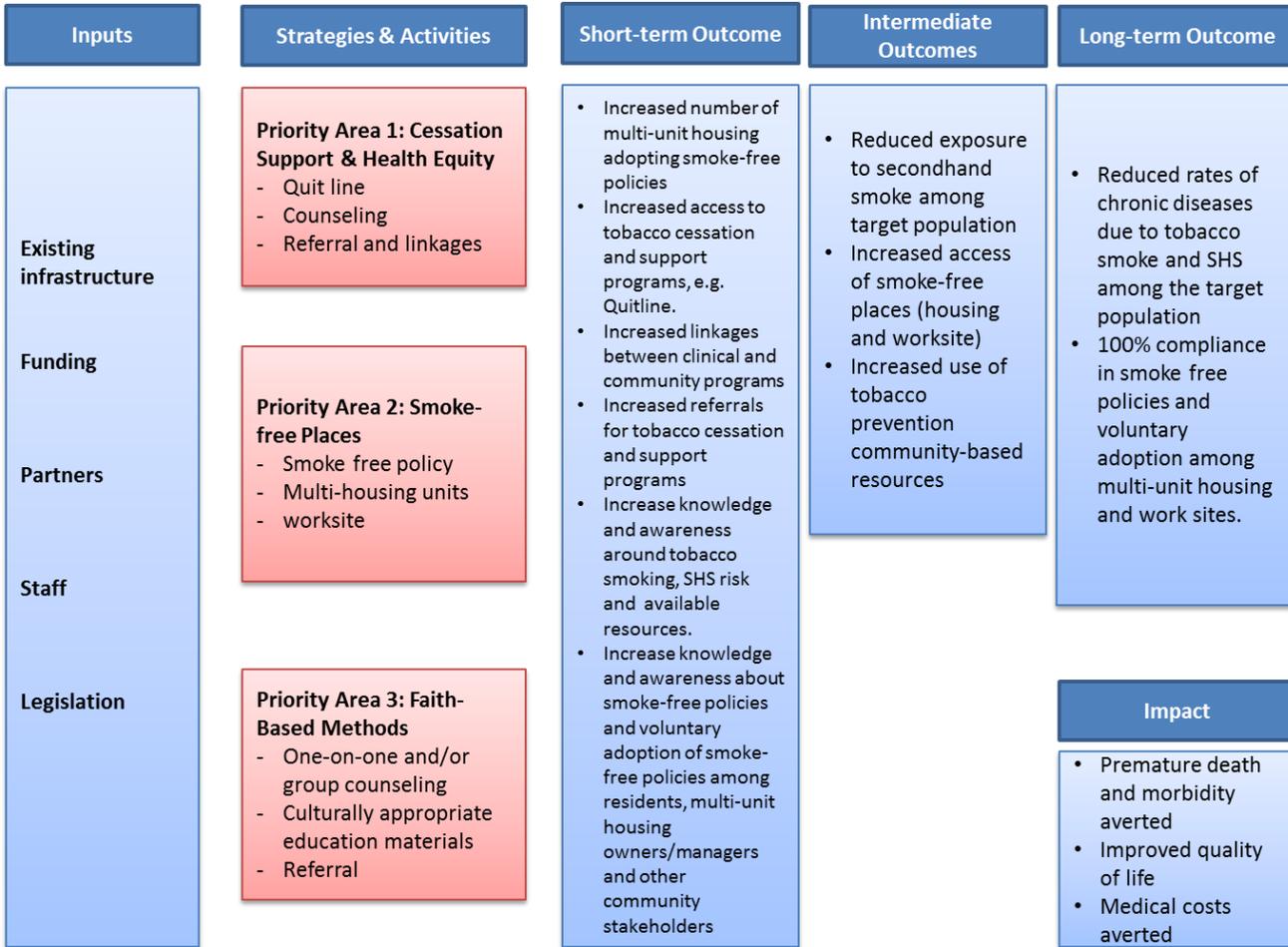
Key Indicator(s):

Key Partners:

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

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

**APPENDIX E: LOGIC MODEL**



**APPENDIX F: 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		\$
<b>Name of Contractor</b>		
<b>Method of Selection</b> (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		
<b>Period of Performance</b>	Start Date of Contract	End Date of Contract

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

**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	
<b>Total Direct</b>	

**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	
<b>Total Direct</b>	
<b>Indirect Cost</b>	
<b>Total Financial Request</b>	

**APPENDIX G: APPLICATION FOR GRANT FUNDING**



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

<b>RFA #</b>		<b>RFA Title:</b>	FY2015 Tobacco Prevention and Control Grants
<b>Release Date:</b>		<b>DOH Administrative Unit:</b>	Community Health Administration
<b>Due Date:</b>		<b>Fund Authorization:</b>	DC locally appropriated funds
<input checked="" type="checkbox"/> <b>New Application</b> <input type="checkbox"/> Supplemental <input type="checkbox"/> Competitive Continuation <input type="checkbox"/> 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 H: APPLICATION RECEIPT**



**Application Receipt for RFA# CHA\_TPCG02.06.15**

*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 TPCG02.06.15. 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**

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**APPENDIX I: ASSURANCES AND CERTIFICATIONS**



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**

**Statement of Certification for a DOH Notice of Grant Award**

- A. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant/Grantee certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. 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 has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Grantee's performance to

OPGS which shall collect such reports and make the same available on its intranet website.

- K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;
- L. That the Applicant/Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
- M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

\_\_\_\_\_  
Applicant /Grantee Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Application Number and/or Project Name

\_\_\_\_\_  
Grantee IRS/Vendor Number

\_\_\_\_\_  
Typed Name and Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**  
**Statement of Assurances to Comply with Federal Assurances**

The Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR,

Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood

hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
  - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
  - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
  - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
  - d) 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.)
  - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
  - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
  - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
  - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
  - i) Executive Order 12459 (Debarment, Suspension and Exclusion)
  - j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
  - k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
  - l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
  - m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
  - n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
  - o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)

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p) Federal Funding

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

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Applicant /Grantee Name

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Street Address

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City

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State

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Zip Code

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Application Number and/or Project Name

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Grantee IRS/Vendor Number

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Typed Name and Title of Authorized Representative

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Signature

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Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**  
**Certifications Regarding**

**Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace**

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

**1. Lobbying**

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

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

**2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)**

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

***The Grantee certifies that it and its principals:***

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction;

violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

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

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  - (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
  - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
  - (7) Abide by the terms of the statement; and
  - (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
  - (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 825 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.
- (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---
  - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
  - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (I), (c), (d), (e), and (1).
- (11) The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

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Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67.615 and 67.620-

- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:  
D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the applicant/grantee organization, I hereby certify that the applicant or Grantee, if awarded, will comply with the above certifications.

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Applicant /Grantee Name

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Street Address

---

City

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State

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Zip Code

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Application Number and/or Project Name

---

Grantee IRS/Vendor Number

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Typed Name and Title of Authorized Representative

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**SIGNATURE**