

# 2015 PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT

**Request for Applications**

**RFA #CHA - PHBG041015**

**Release Date: April 10, 2015**

Submission Deadline: May 11, 2015 by 4:00  
pm



**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 (RFA) 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 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 support the preparation of the application.
- DOH may conduct pre-award on-site visits to verify the 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.tov](http://www.opgs.dc.tov) (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.

**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION**

**NOTICE OF FUNDING AVAILABILITY  
Request for Applications # CHA\_PHBG041015**

**FY 2015 Preventive Health and Health Services Block Grant**

The Government of the District of Columbia, Department of Health (DOH) Community Health Administration (CHA) is soliciting applications to provide innovative services utilizing the Preventive Health and Health Services Block Grant (PHHSBG) funding to improve chronic disease outcomes. The programs will address education and awareness for proper nutrition, weight reduction, physical activity, and tobacco control and cessation to District of Columbia residents.

This funding is provided through a grant (B01DP009009) received from the Centers for Disease Control and Prevention (CDC) pursuant to the authority of Department of Health and Human Services, Public Health Services, and Centers for Disease Control and Prevention, Title XIX, Section 1901, PHS Act as amended.

In FY 2015, approximately \$ 650,000 in funding is expected to be available for up to 3 awards. Resulting grant awards are projected to begin July 2015.

The following entities are eligible to apply for grant funds under this RFA: not-for profit, public and private organizations located in and licensed to conduct business within the District of Columbia.

**The release date for RFA # CHA\_PHBG041015 is Friday, April 10, 2015.** RFA #CHA\_PHBG041015 will be available on the DC Grants Clearinghouse website <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse> on **Friday, April 10, 2015**. A **limited number of copies will also be available** at the Community Health Administration, 899 North Capitol Street NE, Washington, DC on the 3<sup>rd</sup> floor.

**The Request for Application (RFA#)** submission deadline is 4:00 pm Monday, May 11, 2015. The Pre-Application Conference will be held in the District of Columbia at 899 North Capitol St., NE, 3<sup>rd</sup> Floor Conference Room, 306, Washington, DC 20002 on Tuesday, April 21, 2015 at 1:30p.m. - 3:30p.m.

Applicants are encouraged to e-mail their questions to [sherry.billings@dc.gov](mailto:sherry.billings@dc.gov) prior to the Pre-Application Conference date of Tuesday, April 21, 2015. For assistance, contact Sherry Billings at (202) 442-9173.

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## CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Grant Funding 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 Workplan
  - ✓ Project Budget & Justification
  - ✓ Package of Assurances and Certification Documents
  - ✓ Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization
- The Applicant has 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, **double-spaced**, on one side, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. 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 4:00 p.m., on the deadline date of **Friday, May 11, 2015**.

## I. GENERAL INFORMATION

### A. Key Dates

Notice of Funding Availability:	March 27, 2015
Request for Application Release Date:	April 10, 2015
Pre-Application Meeting Date:	April 21, 2015
Application Submission Deadline:	May 11, 2015
Anticipated Award Start Date:	July 01, 2015

### B. Overview

The District of Columbia, Department of Health (DOH), Community Health Administration (CHA) administers the Centers for Disease Control and Prevention (CDC) Preventive Health and Health Services Block Grant (PHHSBG). PHHSBG funds are used for programs aimed at improving the health of District residents. Block Grant funds have been used to provide support when no other sources of funding exist, provide start-up dollars for community health programs, provide supplemental support for categorical funding of state health programs, and provide funds for rapid response to unexpected health threats.

Funds are distributed in accordance with statutory requirements detailed in Part A, Title XIX, of the Public Health Services Act. CHA programs are designed to promote health and beneficial health practices, reduce morbidity and mortality and to promote a healthy environment for the District of Columbia residents and visitors. Priority areas are established based on CHA goals and objectives, health status, and risk reduction objectives, testimony from a public hearing and input from the PHHSBG Advisory Committee. The State's annual work plan submitted to CDC is based on National Healthy People 2020 objectives.

Public Law 102-531, mandates the establishment of a Public Advisory Committee to make recommendations on the development and implementation of PHHSBG funded programs. The PHHSBG Advisory Committee is made up of health care professionals and representatives of private and community organizations, who have a vital and constructive role in preventive health programs. Specific program models and interventions, as well as sub-target populations and program venues outlined in this RFA, reflect the prioritization process conducted by the PHHSBG Advisory Committee in collaboration with CHA.

**C. Source of Grant Funding**

The grants are made available through the Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention, Notice of Block Grant Award (2B01DP009009-13, CDFA 93.991) Authorization (Legislation/Regulation), Title XIX, Section 1901, PHS Act as Amended.

**D. Amount of funding available**

The following health priority areas have been identified for funding under this Request for Applications to implement the following proposed projects:

Program Area	Total Amount Available	Approximate Number of Awards
Focus Area A - Worksite Wellness	\$ 200,000	One Award
Focus Area B – Childhood Obesity	\$250,000	One Award
Focus Area C – Chronic Lower Respiratory Disease	\$200,000	One Award

**E. Performance and Funding Period**

The anticipated performance and funding period is July 01, 2015 – June 30, 2016, one year (12 months). Award amounts and project periods are dependent upon receipt of funds from the federal grantor agency, Centers for Disease Control and Prevention.

**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.**

**F. 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.
- Consideration for funding shall be organizations meeting the above eligibility criteria and having documentation of providing intervention services to populations with high burdens of chronic diseases, conditions and risk factors with the following experience and support in place: demonstrated success working with multiple sectors or experience working with the community 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.

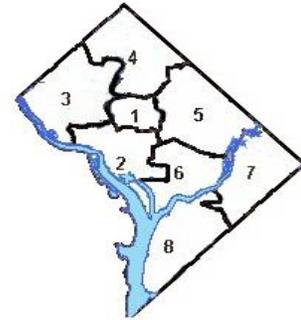
## II. BACKGROUND & PURPOSE

### A. Background

The District of Columbia (DC or the District) is an ethnically-diverse and compact geographic area measuring 61 square miles and comprised of a population of 658,893 (US Census Bureau, 2014). This represents an increase of 5.2 percent between decennial census years 2000 (572,059) and 2010.

The District is geographically divided into four quadrants (northeast, northwest, southeast, and southwest) and eight electoral wards (Figure 1). Located in the northwest quadrant of the city, Wards 1 and 4 are home to most of the District's Hispanic American population, while Wards 5 and 6 are located in the northeast quadrant of the city, and the population is predominantly African--American. The residents of Wards 7 and 8 are more than ninety percent African-American. The wards are evenly divided in terms of population size. However, they are extremely divergent relative to socio-economic status, health and wellness and chronic disease.

FIGURE 1: MAP OF THE DISTRICT OF COLUMBIA WITH ELECTORAL WARDS



The disparities in the prevalence of chronic conditions between the District's Wards are clear and startling as depicted in Table 1. The rate of diabetes in Ward 7 is almost two (2) times that of Ward 2 and five (5) times that of Ward 3. When comparing diabetes rates to Ward 8 the disparity is even greater: 2.5 times that of Ward 2 and almost seven (7) times that of Ward 3. Obesity rates are also startling. The obesity rate in Ward 7 is more than 2.5 times that of Ward 2 and nearly five (5) times that of Ward 3. Ward 8 rates for obesity are three (3) times that of Ward 2 and almost six (6) times that of Ward 3. The prevalence of stroke is approximately eight (8) times greater in Ward 8 than in Ward 3.

**TABLE 1: Adult Health/Wellness-Chronic Disease Indicators by Ward**

Disease/Condition or Risk Factor	Wards – Percentage of Population (Prevalence)								DC
	1	2	3	4	5	6	7	8	
Smokers	14.4%	8.2%	9.2%	13.4%	18.5%	16.8%	23.3%	37.8%	18.5%
Overweight	27.2%	32.9%	27.3%	30.6%	33.4%	28.7%	23.3%	37.8%	29.9%
Obese	24.4%	14.8%	11.3%	26.0%	30.6%	20.7%	32.9%	40.4%	25.9%
*Participate in Moderate Physical Activity	71.9%	80.7%	81.0%	68.2%	70.1%	78.4%	59.4%	53.9%	69.6%
Diabetes	6.6%	4.8%	3.1%	8.4%	10.9%	6.4%	14.4%	16.0%	9.2%
Stroke	1.4%	3.2%	0.8%	4.4%	3.7%	2.6%	5.7%	5.5%	3.5%
Coronary Heart Disease	1.8%	2.1%	3.3%	3.1%	3.0%	2.6%	3.2%	4.5%	3.0%
Cholesterol Testing (+5 yrs)	89.7%	92.8%	87.8%	82.5%	85.5%	86.6%	77.8%	77.8%	84.4%
Asthma	9.9%	12.5%	7.2%	9.5%	10.7%	12.3%	14.2%	20.6%	12.3%

Source: District of Columbia Behavioral Risk Factor Surveillance System (BRFSS) 2012

The elimination of chronic conditions and their causative racial, ethnic and socio-economic factors is key to eradicating health disparities, poor health outcomes and premature death among the District ethnic minority populations. Poor health outcomes disproportionately affect certain District Wards and often correspond to demographic factors such as race and ethnicity. As reflected in Table 2, when examining health data by race and ethnicity, morbidity is not evenly distributed in the District’s population. The rate of chronic conditions and risk factors for chronic disease are much higher among African-American residents. The incidence of diabetes, for example, is twice as high among African-Americans compared to the overall District population, and almost twice as high as the US average.

**TABLE 2: Chronic Disease Risk Factors by Race and Ethnicity in the District of Columbia**

Condition or Risk Factor	Race and Ethnicity				Total DC Population	US Average
	Black	White	Hispanic	Other		
Lifetime Asthma	19.4%	13.6%	19.8%	20.9%	17.5%	14.1%
Current Asthma	14.1%	7.8%	N/A	16.8%	11.9%	9.0%
Arthritis	27.3%	13.7%	5.5%	15.1%	19.5%	25.1%
Diabetes	13.3%	2.3%	N/A	N/A	7.8%	9.8%
Myocardial Infarction	7.1%	1.3%	N/A	N/A	4.1%	4.4%
Coronary Heart Disease	3.8%	1.8%	N/A	N/A	2.6%	4.1%
Stroke	5.2%	N/A	N/A	N/A	3.2%	2.8%
Cancer	5.8%	5.7%	N/A	N/A	5.2%	6.7%
High Cholesterol	38.4%	30.9%	22.6%	34.2%	34.0%	38.4%
Obesity (Obese)	36.4%	9.8%	15.3%	16.7%	22.9%	28.9%
Obesity (Overweight)	31.4%	29.9%	39.1%	25.8%	30.9%	35.4%

*N/A = Prevalence estimate not available if the unweighted sample size for the denominator was less than 50.*

*Source: District of Columbia Behavioral Risk Factor Surveillance System 2012; \*District of Columbia*

**B. Purpose**

The District of Columbia, Department of Health (DOH) PHHSBG, is soliciting applications from qualified organizations located and licensed to conduct business within the District of Columbia to implement systems, environmental, and programmatic changes aimed at increasing physical activity and proper nutrition, reducing weight and to improving chronic disease outcomes.

Overall Outcome Objectives: The outcomes of the proposed program(s) must align with a Healthy People 2020 Objective for nutrition, obesity, physical activity and tobacco use.

- Healthy People 2020 Objective – Nutrition and Weight Status
- Healthy People 2020 Objective – Worksite Wellness
- Healthy People 2020 Objective – Respiratory Disease

### III. 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

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.

## **IV. PERFORMANCE REQUIREMENTS**

### **FOCUS AREA A: WORKSITE WELLNESS**

Worksite Wellness is considered an important strategy to help address the burden of chronic diseases such as diabetes, heart disease, obesity and their associated risk factors. Lack of exercise or physical activity, poor nutrition, chronic stress and obesity are among the risk factors that contribute too much of the illness, suffering and early death related to chronic diseases. Chronic diseases, such as heart disease, diabetes, cancer, stroke, and osteoporosis are leading causes of disability and death in the District, and 56% of DC residents are overweight or obese. Approximately, 30% of DC residents have high blood pressure. In 2014, approximately \$247 million was spent on hypertension-related medical costs in DC and hypertension-related work absenteeism costs are at \$12 million. Approximately, \$372 million in health care costs are attributable to obesity, including \$64 million in Medicare costs and \$114 million in Medicaid costs.

With working adults spending at least half of their waking hours at work, Worksite Wellness initiatives offer an ideal opportunity to:

- Help employees take responsibility for lifestyle choices
- Educate workforce about healthy vs. unhealthy lifestyle choices and opportunities for wellness
- Enhance employee productivity
- Reduce absenteeism
- Support the health care paradigm shift from treatment to prevention

### **PRIORITY STRATEGIES**

Applicants are encouraged to utilize strategies that:

- Establish measurable goals for improving nutrition and physical activity in the workplace
- Improve physical fitness of employees and increase opportunities for physical activity during the work day
- Promote healthy lifestyles and educate employees on chronic disease prevention and management through evidence-based models
- Support changes in the work environment to encourage healthy behaviors
- Design interventions that will maximize reach and impact a minimum of 500 people

### **PRIORITY POPULATIONS**

- Government
- School Systems
- Health Care Systems
- Private Business Clusters

*Targeting any one priority population group or a combination is appropriate. Also refer to priority settings below.*

### **PRIORITY SETTINGS**

- Government
- School Systems
- Health Care Systems
- Private Business Clusters

## **FOCUS AREA B: CHILD OBESITY**

Rates of overweight and obesity are at epidemic proportions for children, youth and adults in the District of Columbia and nationwide. According to recent data, more than half (55%) of all adults in the District are overweight or obese. These rates climb to 72% overweight/obesity rate in some of the most underserved areas.

*Blaming the individual for being overweight or obese* and focusing on individual behavior change has been and continues to be the prevalent lens through which this society views obesity. However,

public health experts concur that the obesity epidemic is the result of an entrenched *culture* and an *environment* that promotes sedentary lifestyles and over-eating of unhealthy foods—*supersized portions* laden with excesses of sugar, salt and high fat. Thus, the challenge for public health is to encourage and facilitate fundamental changes in a society that will *make the healthy choice (in terms of healthy eating and active living) the easy choice*.

### **Obesity Impact on the District’s Population**

Excess weight is associated with a host of chronic diseases, including Type 2 diabetes, heart disease, asthma, stroke, and some cancers. In the District, 5 of the top 10 causes of death are directly related to diet, physical activity, and weight: heart disease, cancer, high blood pressure, diabetes and stroke. Obesity is also associated with a lower perception of cognitive ability, poor school performance, increased teasing, higher unemployment rates, and depression.

More residents of DC die each year from the complications of obesity-related chronic diseases than from AIDS, cancer and homicide combined. Healthy eating and active living are key to preventing and reducing overweight and obesity; however, the District data documents that significant segments of DC residents are not meeting minimal requirements for physical activity or for consumption of healthy foods.

DC also has been among the highest rates of racial disparities in the nation with regards to obesity. DC 2013 data shows, that Ward 8 has an obesity rate of 34.9%, while the rate in Ward 3 is 11.8%; obesity rates are also very high in Ward 7 (36.2%), as well as Ward 5 (29.5%).

### **Childhood Obesity**

According to the *Leadership for Healthy Communities (LHC)*,<sup>1</sup> many African-American and other vulnerable children and teens remain disproportionately impacted by the childhood obesity epidemic, despite signs that there may be some leveling off in the national childhood obesity rate. LHC cites childhood obesity as “*one of the most significant social justice issues of our time*” due to:

- (1) Disparate number of children of color affected by this epidemic;
- (2) Neighborhoods that discourage physical activity;
- (3) School systems that promote inactivity in children;
- (4) Food advertising that continues to target African American youth more aggressively;
- (5) Limited access to affordable, healthy foods.

Within the District, despite recent policy advances related to childhood obesity prevention and reduction, more progress is needed. African American DC high school students have an obesity rate of 15.4%, compared to 2.3% among white high school students in the District. Among high school students in the District, only 27.9% of African American high school students are physically

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<sup>1</sup> *Leadership for Healthy Communities* is “a national program of the Robert Wood Johnson Foundation designed to support local and state government leaders nationwide in their efforts to reduce childhood obesity through public policies that promote active living, healthy eating and access to healthy foods and beverages.”

active at least 60 minutes per day, compared to 44.1% of white high school students. The over-consumption of sugary, high fat, high sodium food in at risk neighborhoods continues to threaten the health of young people, despite the growth of “*healthy corner stores*” in these neighborhoods.

Another example of policy progress mixed with significant challenges is the area of physical activity within DC schools. In 2010, the D.C. Council passed the *Healthy Schools Act*, landmark legislation designed to improve the health and wellness of students in DC schools. The Act has accomplished a great deal. However, schools are having difficulty in meeting the Act’s Physical Education (PE) and Physical Activity (PA) requirements—a problem that exists throughout the nation due in part to an emphasis on academic testing and prioritization of academic core subjects. Difficulty in prioritizing physical activity in school is yet another example of the challenge public health advocates must tackle with regards to the prevention and reduction of childhood obesity.

### **PRIORITY STRATEGIES**

Applicants are encouraged to utilize strategies that:

- Increase physical education/physical activity in schools
- Increase physical activity in early care and education
- Increase access to and utilization of healthier food options in food retail convenient stores

### **PRIORITY POPULATIONS**

- Children (Ages 4-13) in DC Public Schools and Chartered Schools
- Family members of children/youth in targeted wards (parents, caretakers, siblings, grandparents)
- Specific neighborhoods within Wards 5-8
- Schools with limited resources for physical activity
- Food Retail/Convenient Stores located in close proximity to schools

### **PRIORITY SETTINGS**

- Applicants are encouraged to utilize a population-based approach to addressing the problem of childhood obesity. A population-based approach to public health seeks to alter our environment through policy, changes in practices, forging new social norms, facilitating the creation of a culture of wellness and an environment that supports healthy choices. In the context of this RFP, population-based approaches focus on communities, neighborhoods, and targeted segments of underserved populations.

## **FOCUS AREA C: CHRONIC LOWER RESPIRATORY**

In 2010, Chronic Lower Respiratory Disease (CLRD) was the third leading cause of death in the United States<sup>1</sup> and the fifth leading cause of death in the District of Columbia. CLRD, characterized by shortness of breath caused by airway obstruction, includes three major conditions: asthma, chronic bronchitis, and emphysema.

Mortality rates for the top two leading causes of death, cardiovascular diseases (CVD) and cancer, continue to fall while deaths from CLRD continue to rise. According to the National Heart, Lung and Blood Institute (NHLBI), the National projected annual cost for Chronic Obstructive Pulmonary Disease (COPD) in 2010 was \$49.9 billion (which includes \$29.5 billion in direct health care costs, \$8.0 billion in indirect morbidity costs and \$12.4 billion in indirect mortality costs\*). Meanwhile, between 2002 and 2007, the average annual direct health care cost of asthma was approximately \$50.1 billion; indirect costs \$5.9 billion, for a total of \$56.0 billion dollars. Assuming these rates stayed stable, the US would have spent an estimated \$105.9 billion on CLRD. In the District, the average annual smoking-attributable productivity losses for the period 1997-2001 and smoking – attributable expenditures in 2008 were estimated to be \$219,192,000 and \$190,000,000, respectively.

The applicant shall select at least one of the following two strategies:

### **1. COMMUNITY-BASED EDUCATION**

The applicant will plan and implement a strategy that will increase the knowledge of CLRD physiology, treatments and improve self-management among targeted communities including women, older adults, members of a faith community and racial/ethnic groups with any form of CLRD. The applicant will also be responsible for the development of materials describing the course of the illness, treatment modalities and management. The training will also promote consistent visits to primary care providers and use of care plans, i.e. the asthma action plan.

The initiative should consider effective approaches such as:

- Use of community health workers or community-based champions
- Leveraging community resources
- Establishing linkages with community health services
- Using novel technology to provide training and track adherence ( i.e. use of mobile applications or web-based training)
- Collaboration with community partners
- Referral to resources for disease management, (i.e. Quitline or self-management)

### **2. WORKSITE-BASED EDUCATION**

The applicant will plan and implement a strategy that will increase the knowledge of CLRD physiology, treatments and improve self-management among employees with any form of CLRD. The applicant will also be responsible for the development of materials describing the course of the illness, treatment modalities and management. The training will also promote consistent visits to primary care providers and use of care plans, i.e. the asthma action plan.

The training will also promote consistent visits to primary care providers and use of care plans, i.e. the asthma action plan.

The initiative should consider effective approaches such as:

- Use of community health workers or workplace health champions
- Leveraging clinical or community resources
- Establishing linkages with clinical health services
- Using novel technology to provide training and track adherence
- Collaboration with clinical partners
- Referral to resources for disease management, (i.e. Quitline or self-management)

### **PRIORITY POPULATIONS**

- Young Adults (18-35 years of age)
- Adults (35-65 years of age)
- Older Adults (65+ years of age)

*Targeting any one population priority group or a combination is appropriate.*

### **PRIORITY SETTING**

- Faith-based setting
- Community center (i.e., recreational center, YMCA's)
- Community-based clinics
- Schools (Parent Teacher Association Meetings)
- Worksites (i.e., Academic institutions, hospital)

## **APPLICATION SECTION: FOCUS AREAS A, B & C**

Applicant will provide the following:

### **PROGRAM OVERVIEW**

- Persons to be reached (targeted populations)
- 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 your 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 timeline 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 engage an existing, cross-sector network of partners to participate actively in the implementation and evaluation of the applicant's implementation plan, if applicable.
- 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 collaborations with other agencies and organizations across multiple 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 maximize public health impact of PHHSBG funding, including strength of proposed policy, environmental, programmatic, and infrastructure strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced, or contribution of innovative approaches to achieve evidence base practices.
- 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.

**(Note: applicants wishing to apply for more than one of the two strategies described above must submit separate and complete applications.)**

## V. 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 key staff 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.
- Demonstrate strong sustainability plans including identification of additional sources of funding to leverage, capture and report 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 included, clearly outlining a commitment to proposed activities?
- Demonstrate their experience and past success collaborating with other organizations (in multiple sectors such as public health, transportation, education, health care delivery, etc.) 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 maximize public health impact of PHHSBG funding (as measured by strength of proposed policy, environmental, programmatic and infrastructure strategies, frequency of exposure, number of

people affected, degree to which health disparities will be reduced, or contribution to innovation of viable new approaches).

- Proven ability to effectively engage and involve the targeted populations or communities, including implementation of culturally and age appropriate strategies.
- Provides estimated population reach for selected outcomes and objectives.
- Demonstrate that the proposed plan provides a foundation for the sustainability of efforts.
- Outcomes should be objective and “SMART” (Specific, Measurable, Achievable, Realistic and Timely).
- Milestones should 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?

## VI. APPLICATION SUBMISSION

### A. Application Package

Only one (1) application per organization will be accepted for a Program Focus Area. 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 be organized in the following order:

- **APPLICATION RECEIPT (Attachment A)**
- **A DOH APPLICATION FOR GRANT FUNDING (Attachment B)**
- **APPLICATION COMPONENTS**
  - Executive Summary
  - Background & Need
  - Organizational Capacity Description
  - Partnership, Linkages and Referrals Description

- Project Description
- Performance Monitoring & Evaluation
- **ADDITIONAL ATTACHMENTS**
  - Work Plan (Attachment C - Required Template)
  - Budget (Attachment D - Required Template – Not Scored)
  - Logic Model (Attachment E – Sample)
  - Calculating Reach (Attachment F – Definition/Sample)
  - Assurances and Certifications (Attachment G) Definitions (Attachment H)
  - Position Descriptions (Attachment I)

## **B. Pre-Application Conference**

A Pre-Application Conference will be held on Tuesday, April 21, 2015 from 2:00 p.m. to 4:00 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, 3rd Floor Conference Room 306, and Washington, DC 20002.

## **C. 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.

## **D. 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 the assurances packages into 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 ineligible to sign/execute grant agreements [required to sign grant agreements assurances] (Attachment G).

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

### **D1. Assurances Required to Submit Applications (Pre-Application Assurances)**

#### **A. Signed Assurances and Certifications (Attachment G)**

- DOH statement of Certification
- Federal Assurances
- Certifications
  1. Current Certification of Clean Hands from the Office of Tax and Revenue
  2. 501 (c) 3 Certification or Articles of Incorporation
  3. List of Board of Directors on letterhead, for the current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
  4. All Applicable Medicaid Certifications
  5. A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

#### **D2. 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 the grant.
- 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

## **E. 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: 80 pages including all attachments

## **F. Submission**

Submit one (1) original hard copy along with three (3) additional hard copies to the Community Health Administration by **4:00 pm on May 11, 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

## **G. Contact Information**

### **Grants Management**

Mr. 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  
Office: 202.442.9339  
Email: bryan.cheseman@dc.gov

### **Program Contact**

Ms. Sherry Billings  
Program Manager  
Preventive Health and Health Services Block Grant  
DC Department of Health  
Community Health Administration

District of Columbia Government  
899 North Capitol Street, N.E., 3rd Floor  
Washington, DC 20002  
Office: 202.442.9173  
Email: Sherry.billings@dc.gov

## VII. 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 a 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.
- Applications' external review scores and technical review comments will be reviewed by an internal DOH review panel for the purpose of determining recommendations for the award.
- 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.
- Applicants may be requested 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.
- Final decision(s) of all recommended awards are made by the Director of Health of the Department of Health.

## VIII. ATTACHMENTS

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



		<b>Department of Health District of Columbia Application for Grant Funding</b>	
<b>RFA #PHBG041015</b> <b>Release Date: 04/10/15</b> <b>Due Date:</b>		<b>RFA Title:</b> <b>DOH Administrative Unit:</b> <b>Fund Authorization:</b>	<b>FY 2015 Preventive Health and Health Services Block Grant</b> Community Health Administration Pursuant to terms of CDC NOA#
<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: <ul style="list-style-type: none"> <li>▪ DOH Application for Grant Funding (inclusive of DOH &amp; Federal Assurances &amp; Certifications)</li> <li>▪ Project Narrative (as per the RFA Guidance)</li> <li>▪ Project Work Plan (per the RFA Guidance)</li> <li>▪ Budget and Narrative Justification</li> <li>▪ All Required attachments</li> <li>▪ An Assurance and Certification Package</li> </ul>			
Complete the Sections Below. All information requested is mandatory.			
<b>1. Applicant Profile:</b>		<b>2. Contact Information:</b>	
Legal Agency Name: Street Address: City/State/Zip Ward Location: Main Telephone #: Main Fax #: Vendor ID: DUNS No.:		Agency Head: Telephone #: Email Address:  Project Manager: Telephone #: Email Address:	
<b>3. Application Profile:</b>			
	<b>Program Area:</b>	<b>Funding Request:</b>	
Select One Only:	[ ] Worksite Wellness(Focus Area A)		
	[ ] Child Obesity (Focus Area B)		
	[ ] Chronic Lower Respiratory Disease (Focus Area C)		
<b>Proposal Description: 200 word limit</b>			
Enter Name & Title of Authorized Representative			Date

**ATTACHMENT C: WORK PLAN TEMPLATE 2.0**

Applicant Organization

Contact Person:

Telephone:  
Email Address:  
Estimated Reach:

DOH RFA# **PHBG041015**

FY 2015 Preventive Health and Health Services  
Block Grant

RFA Title:

Project Title:  
Total Request \$:  
Cost Per Beneficiary:

**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:**

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

**Objective #1.2:**

**Key Indicator(s):**

**Key Partners:**

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

**Objective #1.3:**

**Key Indicator(s):**

**Key Partners:**

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			

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



**ATTACHMENT 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		\$
<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>	



**ATTACHMENT E: LOGIC MODEL EXAMPLE**

RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	SHORT TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES
<p>What resources are available to support the program that is being evaluated (e.g. staff, funding, time, partnerships, technology, etc.)?</p>	<p>What specific activities are undertaken or planned to achieve the program outcomes?</p>	<p>What products (e.g. materials, units of services delivered) are produced by your staff as a result of the activities performed?</p>	<p>What occurs between your activities and the point at which you see these ultimate outcomes?</p>	<p>What occurs between your activities and the point at which you see these ultimate outcomes?</p>	<p>What do you ultimately want to change as a result of your activities?</p>

## **ATTACHMENT F: CALCULATING REACH**

### **What is Reach?**

Estimated number of unique individuals exposed to the PHHSBG program interventions

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

- Assure and quantify we have the greatest impact
- Used to monitor PHHSBG performance by CDC Director
- 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 schools across the U.S. are engaged in physical activity-related interventions?
  - How many students are impacted?
  - How many low-income students?

### **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

## ATTACHMENT G: 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;



**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 Circular No. 2 CFR 200 and as applicable, legacy 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

## 2015 PREVENTIVE HEALTH & HEALTH SERVICES BLOCK Grant

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

**2015 PREVENTIVE HEALTH & HEALTH SERVICES BLOCK Grant**

- 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.)
- 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.

\_\_\_\_\_  
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  
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



**ATTACHMENT H: DEFINITIONS**

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

<b>Applicant:</b>	A single non-profit organization submitting an application for itself or for multiple organizations.
<b>Reach:</b>	Estimated number of unique individuals impacted by the PHHS Block Grant program initiatives. The count never exceeds a community Census figure.
<b>Intervention:</b>	An activity to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes through promotion of evidence-based strategies.
<b>Setting:</b>	The places or organizations in which the initiatives are implemented and take place. For example, an objective might state that it is implementing physical activity requirements at a school or the community. The settings would be “school and community.”
<b>People experiencing health disparities:</b>	Identified targeted populations at risk for health disparities. Not all objectives or activities specifically target a disparate population. However, many objectives may reach people experiencing health disparities as part of its overall community reach. For example, low-income individuals would be reached if an entire population was reached by a particular objective.
<b>Process objectives:</b>	Describe the number of individuals that will be reached, the demographics of those individuals, the number of materials and literature/information packets distributed, the number of referrals made and for what types of services.
<b>Outcome Objectives</b>	Describe the changes in knowledge, attitudes, beliefs and behavior that will take place as a result of implementing an intervention. <b>Use the format shown in the example below for stating the proposal’s goals and objectives:</b>  <b><u>Example:</u></b>  <b>Intervention: Family Navigation</b>  <b>Goal #1:</b> Provide community based navigation services and referrals for children and youth with special health care needs.

	<p><b>Objective:</b> By the end of the 12<sup>th</sup> month of the project, navigation and referral services will have been provided for 100 children and youth with special health care needs in a community based center through referrals and four face-to-face outreach contacts.</p> <p>Activity #1 – Establish a site or referral system of community based primary and specialty health care and social service providers who will agree to serve target population by the end of the third month.</p> <p>Activity #2 – Inform the target population of the availability of these services and begin the referral process by the end of the sixth month.</p> <p>Activity #3 - Track number of referrals made and referrals completed beginning at the end of the sixth month.</p> <p>Activity #4 - Identify barriers to and facilitators for successful referrals and make modifications to referral system as needed by the end of the 12<sup>th</sup> month.</p>
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**ATTACHMENT I: RESOURCES**

**Research needed on evidenced based practices related to Healthy People 2020 Objectives for Worksite Wellness, Child Obesity and Chronic Lower Respiratory Disease**