Department of Health Care Finance

ATTACHMENTS

REQUEST FOR APPLICATIONS

CoRIE Technical Solution Development Grant

A) Certifications
B) Automated Clearing House Form
C) Program Budget and Budget Justification Template
D) DHCF RFA Receipt

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH CARE FINANCE (DHCF)

Statement of Certification

A. 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. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;

C. 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 by the Grant Administrator;

D. All costs incurred under this grant must be in accordance with 2 CFR 200, "Uniform Admin Requirements, Cost Principles, and Audit Requirements for Federal Awards;"

E. Applicant/Grantee states whether it, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
   a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
      i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
      ii. Any crime or offense involving financial misconduct or fraud; or
   b. Been the subject of legal proceedings arising directly from the provision of services by the organization.

F. If any response to the disclosures referenced in (E.) is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances;

G. Applicant/Grantee is in compliance with D.C. Official Code § 1-328.15;

H. 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)

I. 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;

J. 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;

K. 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;

L. 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 sub-grant, or the ability to obtain them;

M. 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;

N. 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 Applicant/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 Applicant/Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website;

O. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;

P. 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;

Q. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;

R. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act;

S. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and

T. 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 sub-grant 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, I hereby certify that the Applicant/Grantee will comply with the above certifications.

Applicant/Grantee Name: _____

_____ **City** _____ **State** _____ **Zip Code** _____
Street Address

RFA Number: _____ **Applicant IRS Number:** _____

Signature: _____ **Date:** _____

Name and Title of Authorized Representative: _____

_____

B) Automated Clearing House Form

For agency use only:
PASS-generated VM #_____

ACH VENDOR PAYMENT ENROLLMENT FORM

Section A

New Form ☐ **Correction/Change** ☐ **Cancellation** ☐

Vendor/Payee/Company Information

Vendor Name* _____ EIN or SSN* _____

_____

Address* _____

Vendor Contact Name* _____ Vendor Contact Phone Number* _____

Alternative Phone Number _____

*Required

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.

Name & Title of Authorizing Official for Vendor
(Please type or print) _____

Signature of Authorizing Company Official for Vendor _____

Date _____

Section B

Payments should be made to the depository account named below

Bank/Financial Institution Information
(to be reviewed and signed by Vendor's Financial Institution)

Bank/Financial Institution Name _____ Account Title _____

Branch Address _____ Phone Number _____

_____

9-digit Transit Routing Number | | | | | | | | | | Account Number | | | | | | | | | | | | | | | | | | |

Bank's ACH Coordinator _____ Telephone Number _____

Type of Account ☐ Checking ☐ Savings

Signature & Title of Banking Official _____

Print Name & Title _____

Notice: All vendors must have a W-9 on file with the District of Columbia

C) Program Budget and Budget Justification Template*

Department of Health Care Finance

Budget Projection [RFA #DHCF-2019-CORIE]

GRANT SPENDING PLAN			
GRANT NAME	***CoRIE Technical Solution Development Grant***		
RFA INITIATIVE	**DESCRIPTION**	**PLANNED BUDGET**	**BUDGET NARRATIVE / JUSTIFICATION**
Initiative #1	[Insert brief description]	TOTAL: **0.00**	
	SUB-TASKS		
	#	***Description***	***Sub-Total***	***Narrative / Justification***
	001		0.00	
	002		0.00	
	Etc.		0.00	
Initiative #2	[Insert brief description]	TOTAL: **0.00**	
	SUB-TASKS		
	#	***Description***	***Sub-Total***	***Narrative / Justification***
	001		0.00	
	002		0.00	
	Etc.		0.00	
Initiative #3	[Insert brief description]	TOTAL: **0.00**	
	SUB-TASKS		
	#	***Description***	***Sub-Total***	***Narrative / Justification***
	001		0.00	
	002		0.00	
	Etc.		0.00	
Initiative #4	[Insert brief description]	TOTAL: **0.00**	
	SUB-TASKS		
	#	***Description***	***Sub-Total***	***Narrative / Justification***
	001		0.00	
	002		0.00	
	Etc.		0.00	
Initiative #5	[Insert brief description]	TOTAL: **0.00**	
	SUB-TASKS		
	#	***Description***	***Sub-Total***	***Narrative / Justification***
	001		0.00	
	002		0.00	
	Etc.		0.00	
		GRAND TOTAL: $0.00	
Prepared By:			
Telephone:			

*NOTE: This is an example budget template but use of the template is not required. If you'd like a fillable, Excel budget template file, please email dashawn.groves@dc.gov.

D) DHCF RFA Receipt

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH CARE FINANCE (DHCF)

Application Receipt

RFA: CoRIE Technical Solution Development Grant

**** ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE****

The DC Department of Health Care Finance is in receipt of:

_____

(Contact Name)

_____

(Organization Name)

_____

(Address, City, State, Zip Code)

_____

(Contact Telephone and Email)

[DHCF USE ONLY]

Date Received: ____/____/____ Time Received: ____/____/____

# of Copies received: _____

Received by: _____