REQUEST FOR APPLICATIONS

Community Resource Inventory Needs Assessment and Design Grant

Open Date: December 28, 2018

Close Date: January 28, 2019, 4:00pm Eastern

Department of Health Care Finance
441 4th St. NW, Suite 900S
Washington, DC 20001
TEL: (202) 442-5988

LATE APPLICATIONS WILL NOT BE ACCEPTED
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Section I: Funding Opportunity Description

A) Background

The mission of the Government of the District of Columbia’s Department of Health Care Finance (DHCF) is to improve the health outcomes of District (DC) residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single State Medicaid Agency, DHCF administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance). Through these programs, DHCF provides health care services to children, adults, elderly and persons with disabilities who have low-income. Over 250,000 District residents (more than one-third of all residents) receive health care coverage through DHCF’s Medicaid, CHIP, Alliance and Immigrant Children programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

In April 2017, DHCF hosted more than 80 representatives from health care and social service entities, government agencies, and academics at a Measuring, Assessing and Planning the Use of Social Determinants of Health (SDOH) Data in the District Summit, more commonly referred to as the MAP Summit. The focus of the summit was to determine stakeholders’ planned uses of SDOH data, as well as identify tools and methodologies used to collect and capture the data. Participants discussed opportunities and challenges in collecting and using SDOH data to improve care and health outcomes. Key takeaways from the summit included an interest in standardizing SDOH data collection; and desire to exchange SDOH data via a secure bi-directional system to ensure SDOH data is available whenever and wherever needed to delivery effective care and services. Summit participants also discussed the need for a mechanism to electronically refer beneficiaries to community-based providers.

Based on extensive stakeholder outreach, the District’s State Medicaid HIT Plan (SMHP) reflects similar themes brought forth at the MAP Summit, such as identifying SDOH data collection and use as a community priority. One of the four use cases in the SMHP specifically address SDOH data:

Use Case #2: Social Determinants of Health — Collection, exchange, and use of SDOH data will maximize interventions to support individual health, reduce barriers to access, and improve the efficiency of person-centered care.

In addition, the recent passage of the Birth-to-Three for All DC Amendment Act of 2018, Title I, Section 109, instructs DHCF to design, develop and implement a web-based bi-directional non-proprietary community resource inventory platform. This platform shall have the capability to screen for selected social determinants of health and refer residents to appropriate federal, District, and community resources to address their health care and social needs.
In order to support the range of stakeholder needs and programs envisioned, DHCF believes that a multi-phased approach is warranted. A multi-phase approach will ensure that a sustainable system and platform is developed to meet the needs and priorities of the District: first, to develop the inventory and assess specific uses and design requirements of the system; and second, to build the technical system. RFA # DHCF-Community Resource Inventory-2018 will support the first of these two phases of work and will fund the Community Resource Inventory Needs Assessment and Design grant, as authorized in the Fiscal Year 2019 Budget Support Act of 2018, Title V, Subtitle G, Section 5062.

**Program Description**

The purpose of this program is to develop a community resource inventory (CRI) to include screening tools for selected SDOH domains – housing, behavioral health, trauma, child development, transportation, and food security – as well as community resources available to address social needs. In addition to the development of the CRI, the applicant must design, but not develop, the technical solution for the web-based bi-directional non-proprietary platform through a comprehensive needs assessment and technical requirements gathering process. This platform should enable the ability to screen individuals for selected social determinants of health, and refer residents to appropriate federal, District, and community resources to address their health care and social needs.

The program shall include five components: 1) activities to engage and seek feedback from the relevant stakeholder community; 2) strategic planning to identify priorities and functionalities of the technical platform including an assessment of existing provider workflows; 3) identification, collection and organization of selected screening tools needed to populate the CRI; 4) identification, collection and organization of sources of care needed to populate the CRI; and 5) completion of a structured technical requirements gathering process inform the design of the technical platform.

The applicant must achieve the following objectives of the program:

**Objective #1: Engage Stakeholder Community to Ensure Ongoing Community Involvement throughout Planning, Design, Development and Implementation of the CRI and the Design of the Technical Platform.**

1. The grantee shall develop and execute a formal communications plan that engages health care and social service providers, consumers, government agencies and other key stakeholders in the design, development and implementation of the CRI and the design
of technical platform. The communications plan should be delivered to DHCF within 15 calendar days after the award of the grant.

2. The grantee shall engage key stakeholders within the following groups including different individuals representing various roles, teams and levels of seniority, including but not limited to:
   a. Hospitals
   b. FQHCs
   c. Non-FQHC Medical Providers
   d. Behavioral Health Providers
   e. District Agencies
   f. Community-based Social Service Organizations
   g. Faith-based Organizations
   h. Medicaid Managed Care Organizations
   i. Other organizations as identified by key stakeholders

**Objective #2: Ensure Stakeholder Needs and Priorities Are Incorporated into the Design of Technical Platform**

The grantee shall conduct a needs assessment that includes interviews with at least 20 stakeholder entities representing the key stakeholder groups identified in Objective 1 Subsection 2, and submit a report summarizing findings.

The interviews and subsequent report will identify, at minimum:

1. Stakeholder needs and approaches to enhance District entities’ ability to address health care and social needs among District residents.
2. Stakeholder priorities for the domains used to conduct social determinants of health screening and make referrals (e.g. behavioral health, trauma, developmental health; housing, food security, etc.).
3. Stakeholder priorities regarding the features or specialized requirements for the technical platform.

**Objective #3: Conduct Workflow Assessments for Screening and Referrals in Various Settings to Assess the Feasibility and Potential Impact of Proposed System Models**

The grantee shall conduct site visits to complete a workflow assessment, which will inform the design of a system to collect and use behavioral, social and developmental data in different provider settings. The grantee shall employ best practice methods for workflow assessment and design principles, such as those outlined in the [AHRQ Workflow Assessment Health IT Toolkit](https://www.ahrq.gov).
The grantee shall conduct these assessments in the following settings in the District, at a minimum:

1. Two (2) Hospitals
2. Two (2) FQHCs
   a. One (1) Large volume
   b. One (1) small volume
3. Two (2) Non-FQHC physician practice
   a. One (1) large volume
   b. One (1) small volume
4. One (1) Behavioral Health Provider
5. One (1) Specialty Provider
6. One (1) Emergency Department
7. One Community-based Organization(s) for each proposed social determinant of health domain.

Objective #4: Develop a Resource Inventory of Relevant SDOH Screening Tools, Social Services Organizations, and Government Resources in the National Capital Region

The grantee shall identify, collect, organize, and annotate relevant SDOH screening tools and available resources to create an initial inventory of the following:

1. SDOH screening tools currently in use in the District, as well as nationally validated tools that collect data on the following domains and topics. Relevant validation studies and licensing/use requirements must be annotated for each resource:
   a. Housing
   b. Behavioral health
   c. Trauma
   d. Child development
   e. Transportation
   f. Food security;
2. Existing community resource inventories in the District and the organizations and relevant information contained within each inventory;
3. District-operated and/or District-funded programs or organizations pertinent to the selected service domains; and
4. Community-based organizations (both health and social services) which serve as points of care in the District pertinent to the selected domains.

The resource inventory shall be developed using standardized data format(s) that can be ingested by – or interoperate with the platform designed in Objective #5.
Objective #5: Gather Technical Design Requirements and Options to Develop the Platform

1. The grantee shall undertake a formal technical requirement gathering process to initiate the development process for a technical platform to exchange social determinants information. This must provide detailed information on prioritized technical requirements to develop and implement the platform, such as:
   a. The ability to conduct efficient, privacy-preserving screening using proposed measures
   b. The ability to facilitate electronic referrals, and track follow-up after referral
   c. Other desired user functionality and prioritized features that stakeholders would like to see developed from most important to least important to have upon release of the technical platform.

2. Based on the technical requirements gathering process and stakeholder needs identified in Objectives 1-4, the grantee shall provide DHCF with a decision memo outlining the strengths and limitations of the technical options that the grantee may see fit to address, but must include the following options:
   a. Licensing an existing product, service, or platform and the required infrastructure to exchange information in order to support the community-based resource inventory;
   b. Building a new platform on existing health information exchange infrastructure available in the District;
   c. Designing, developing and implementing a new platform and exchange infrastructure, specific to the District.

   The decision memo must include a review of projected costs and timeframes for incremental implementation for Medicaid providers.

3. The grantee will draft a series of decision memos that summarize stakeholder perspectives on the key design requirements and implementation issues to inform the development of the technical platform. The grantee shall reflect areas of stakeholder consensus regarding resources, features and other implementation considerations, as well as areas of disagreement and proposed alternatives where consensus cannot be reached among key stakeholders. The organization and work plan for delivering these decision memos shall be defined within 30 calendar days of award.

   The grantee shall also draft two policy memos regarding the following topics:
   a. Data Privacy and Security Requirements: Review of current best practices for review and audits and considering implications for workflow;
b. Sustainability: Proposes a sustainability model for CRI and technical platform in future years, based on stakeholder input and financial models.

4. The grantee shall work with government agencies to identify additional high-value datasets that could be integrated into the platform to inform providers regarding resident health care needs as part of the screening process. The grantee shall work with DHCF and other agencies to determine how these datasets may be integrated into technical platform.

B) Program Benefits
A robust, districtwide community resource inventory is foundational to systematically connecting people with the community resources that they need to improve their health and well-being. In the context of maturing models for value-based payment and population health management, timely information on social needs is viewed as critical tool to decreasing health care costs and utilization. However, community stakeholders have noted that there is a need to collaborate on these efforts in order to ensure that multiple inventories of social screening tools and social services do not splinter and confuse health and community service providers. Building the proposed CRI could be transformative to the health of the District’s population.

The development of the technical platform including screening and referral functions will facilitate community partnerships by making resources available at the point of service. This CRI grant will set the stage for successful development and implementation of the technical system by defining community needs and definition of “success” for the system among health and social services providers.

C) Purpose of RFA
The purpose of the RFA is to solicit application from eligible organizations for the selection as a grantee for the Community Resource Inventory (CRI) Needs Assessment and Design Grant.

D) Available Funding
The total amount of funds available is up to five hundred thousand dollars ($500,000.00)

E) Key Dates and Information

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<tr>
<th>Event</th>
<th>Date/Time</th>
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<tr>
<td>RFA release</td>
<td>Friday, December 28, 2018</td>
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<td>Pre-application meeting</td>
<td>Tuesday, January 8, 2019 1:00 to 2:00 p.m.</td>
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Deadline to submit written questions to dashawn.groves@dc.gov | Wednesday, January 9, 2019
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Answers to questions available at https://dhcf.dc.gov/page/health-information-exchange | Friday, January 11, 2019
Application due | Tuesday January 28, 2019
By 4:00 p.m. Eastern
Award announcement (expected) | Monday, February 4, 2019
Grant start and end dates | Award date to September 30, 2019

**Section II: Award Information**
The total amount of funds available is up to five hundred thousand dollars ($500,000.00). DHCF will award one (1) grant in the amount of no more than $500,000.00 each. The grant period will be the date of award to September 30, 2019.

Please note, respondents to the RFA will be permitted to sub-grant some of the work set forth under this RFA. For the purposes of this award, a sub-grant includes any legally-binding agreement between a grantee and sub-grantee. Please note this is the only opportunity to request sub-grant funding for the services funded under this RFA.

**Section III: Eligibility Information**

**A) Qualified Organization**
Applicants must have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations. All applicants must be a registered organization in good standing with the DC Department of Consumer and Regulatory Affairs (DCRA), Corporation Division, the Office of Tax and Revenue (OTR), the Department of Employment Services (DOES), and the Internal Revenue Service (IRS), and demonstrate Clean Hands certification at the time of application.

Applicants must have a demonstrated record, experience working with groups and/or deliver similar work related to the following tasks:

- Conducting interviews, focus groups and environmental scans;
- Compiling, organizing and documenting information on health and social service resources into an inventory;
- Consolidating and presenting findings; and
- Assessing and documenting provider processes and workflows.
Applicants should also have an in-depth understanding of health information technology (Health IT) such as EHR platforms, and health information exchange infrastructure.

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit a sub-grantee plan as part of their response, including budget information on the sub-grantee’s scope of work and a signed letter of commitment from sub-grantees.

**B) Administrative Criteria**

To be considered for review and funding, applications shall meet all of the administrative criteria listed below. *Failure to meet any one of the following criteria may mean the application is ineligible for further review and award.*

1. The application proposal format conforms to the “Proposal Format and Content” listed in Section IV.C of the RFA.
2. The application is printed on 8 ½ by 11-inch paper, double-spaced, double-sided, using 12-point type with a minimum of one-inch margins, with all pages numbered.
3. The Certifications listed in **Attachments A** are signed and dated.
4. Application must be submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, and project name using the DHCF Receipt (see **Attachment D**). **Unsealed and unidentified applications will not be accepted.**
5. The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped “original.” The electronic copy must be submitted in .PDF format.
6. The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of January 28, 2019 to DHCF c/o DaShawn Groves, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

**C) Privacy and Security**

Grantee shall ensure all initiatives are built according to current industry standards and best practices regarding system performance, privacy, and system security. This includes ensuring technical policies and procedures are in place for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in 45 CFR § 164.308(a)(4)[Information Access Management].

**D) Insurance**

Where applicable, the applicant shall provide the name of all of its insurance carriers and the type of insurance provided (e.g., general liability insurance carrier, automobile insurance carrier, workers’ compensation insurance carrier, fidelity bond holder).
E) **Compliance with Tax Obligations**
Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax laws and regulations.

1. The Applicant must submit a current completed W-9 form (see Attachment B) prepared for the U.S. Internal Revenue Service (IRS). DHCF defines “current” to mean that the document was completed within the same calendar year as that of the application date.
2. The Applicant shall comply, where applicable, with any District licensing requirements.

F) **Statement of Certification**
Applicant shall submit a Statement of Certification (see Attachment A), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

A. That the applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;
B. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
C. 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. That all costs incurred under this grant shall be in accordance with the Office of Management and Budget Circular A-122, “Cost Principals for Non-Profit Organizations”;
E. Whether the applicant, or where applicable, any of its officers, partners, principals, 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 at (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. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;
H. That the applicant 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 Office of Tax and Revenue (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;

I. That the applicant 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 Department, the applicant 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 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 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 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 has a satisfactory record 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 has otherwise established that it has the skills and resources necessary to perform the grant;

O. That the applicant has a satisfactory record of integrity and business ethics;

P. That the applicant 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 is in compliance with the applicable District licensing and tax laws and regulations;

R. That the applicant complies with provisions of the Drug-Free Workplace Act;
S. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and

T. That the applicant will, if successful, 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.

G) Certificate of Good Standing
Applicant shall represent that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction it is organized or licensed, and it, its employees, agents, sub-grantees, representatives and members of its workforce are licensed and in good standing with the applicable agency, board, or governing body to perform its obligations. It shall also represent that it, its employees, agents, sub-grantees, representatives, and members of its workforce are in good standing with the District of Columbia, that it, its employees, agents, subcontractors, representatives and members of its workforce will submit a Certification of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that it, its employees, agents, sub-grantees, representatives, and members of its workforce have not been de-barred from being employed as a Grantee by the federal government of District of Columbia.

H) RFA Terms and Conditions
The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on availability of funds. The RFA does not commit DHCF to make an award;

2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant’s proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;

3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;

4. DHCF 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;

5. DHCF 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;
6. DHCF 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;
7. Any and all data requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF;
8. 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; and
9. Grantee will be required to participate in any DHCF-sponsored training related to this award.

Section IV: Application and Submission Information

A) Pre-Application Conference
A pre-application conference is scheduled for Tuesday, January 8, 2019 from 1:00 to 2:00 p.m. at the Department of Health Care Finance (441 4th St. NW, 10th Floor, Main Street Conference Room, #1028, Washington, DC 20001)

B) Application Delivery
The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped “original.” The electronic copy must be submitted in .PDF format.

The application must be submitted no later than 4:00 p.m., Eastern time by the deadline date of January 28, 2019 to DHCF c/o DaShawn Groves, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

Applications must be submitted in person and must be submitted in their entirety, including any supplemental documents as indicated in Section IV.C. Applicants will not be allowed to assemble application material on the premises of DHCF. All applicants will be provided with a hard copy receipt.

Applications submitted after the deadline will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

C) Application Requirements
   1. Proposal Format and Content
      a. Table of Contents
      b. Program Narrative
      c. Grant, Fiscal, and Financial Management
d. Program Reporting  
e. Applicant Qualifications  
f. Proposed Budget and Budget Justification  
g. Appendices  
   - Appendix 1: Proposed Organizational Chart  
   - Appendix 2: Proposed staff resumes  
   - Appendix 3: Proposed staff job descriptions  
   - Appendix 4: District of Columbia Business License  
   - Appendix 5: Certificate of Good Standing  
   - Appendix 6: Completed W-9 Form  
   - Appendix 7: List of District Grants (FY17, 18 and potential FY19)  
   - Appendix 8: Completed Automated Clearing House Form  

2. Program Narrative  
The narrative section (limited to 10 pages) should describe the applicant’s approach to developing a community resource inventory and designing a technical platform. Specifically, the narrative must:  
   a. Articulate the applicant organization’s approach to meeting the program requirements and objectives outlined in the RFA, including a milestones and deliverables chart with due dates;  
   b. Describe any existing or proposed partnerships (i.e., sub-grantees) or existing partnerships with District Agencies that will assist in the development and implementation of these initiatives, including a description of their qualifications and why they are necessary for the success of the proposed initiatives;  
   c. Describe the anticipated sustainability of the CRI beyond the period of performance of this grant.  

3. Grant, Fiscal, and Financial Management  
Describe how the applicant organization will provide sound grant and fiscal management for the project (limited to 3 pages), including experience in managing other grant funds. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the initiatives included in this RFA.  

Appendix 7 of your proposal shall include a list of any grants received in FY17 and FY18 as well as any anticipated grants to be awarded in FY19 from the District Government. This list shall state the District Government entity providing the grant, description of the SOW, the total grant amount, and the timeframe for the grant.
4. **Program Reporting**

Propose progress and outcomes measures to be reported throughout the period of performance. Describe a methodology and capacity to collect baseline and ongoing data to report on proposed measures. Include details on how this approach incorporates District initiatives and priorities. Specify what measures will be reported, and what will be reported at the end of the grant.

DHCF reserves the right to require additional reporting prior to award of any grant. DHCF does not intend for reporting requirements to be overly burdensome.

5. **Applicant Qualifications**

Describe the capacity of the applicant organization (limited to 3 pages). Please include organization’s specific involvement and roles in the District’s health system, social determinants of health, and health information exchange. Be sure to include the operational readiness, capabilities, demonstrated record on the following:

- Conducting interviews, focus groups and environmental scans;
- Compiling, organizing and documenting information on health and social service resources into an inventory;
- Consolidating and presenting findings; and
- Assessing and documenting provider processes and workflows.

6. **Program Budget and Narrative Justification**

The applicant shall provide a line-item budget and budget narrative justification, including any matching funding provided. The budget narrative justification should clearly state how the applicant arrived at the budget figures.

D) **Funding Restrictions**

Any award associated with this RFA is limited to the availability of the District local appropriation for Fiscal Year 2019.

**Section V: Application and Review Information**

A) **Criteria**

All applicants for this RFA will be objectively reviewed and scored against four (4) criteria:

Criteria 1: Organizational Capacity, Structure and Project Leadership (Total of 30 points)
a. The applicant provides a staffing plan that outlines staff and sub-grantee’s level of effort as well as duties and responsibilities in relation to the scope of work. (5 points). The staffing plan should include the following:
   i. A description of all staff and/or positions to be used to perform the work under the RFA;
   ii. Resumes of key staff proposed and job descriptions for any key positions proposed;
   iii. An organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility.
   iv. Timeframes and commitment of each staff person including sub-grantees;
   v. The applicant provides a clear discussion of how the organizational structure supports the objectives under this RFA.

b. The applicant’s proposed staff has demonstrated previous experience with similar work as is being proposed and an expert level of knowledge on project management, qualitative research, workflow assessment, health information exchange, social determinants of health, and resource inventories. (10 points)

c. The applicant describes the organization’s history, experience, and/or knowledge related to following areas that would support their ability to meet all RFA requirements. (15 points)
   i. Building a Community Resource Inventory
   ii. Conducting Stakeholder Engagement and Strategic Planning
   iii. Conducting a Workflow and Technology Needs Assessment

Criteria 2: Technical Approach to Achieving the Objectives (Total of 35 points)

a. The applicant demonstrates a sound technical approach to meeting the objectives of the program as described in the RFA. (20 points)

b. The applicant demonstrates the operational readiness to implement the initiative and to achieve measurable results by the end of the period of performance. (10 points)

c. The applicant demonstrates their methodology and capacity to collect baseline and ongoing data to report on measures proposed in the Program Narrative. (5 points)

Criteria 3: Potential for Impact and Alignment with District Health Priorities (Total of 15 points)
a. The applicant demonstrates potential positive impact of the program on District residents with social needs pertaining to trauma, behavioral health, development health and other social determinants of health. (10 points)
b. The applicant demonstrates an understanding of ongoing DHCF priorities and programs and aligns outlined activities with the goals of DC Healthy People 2020, the DC Health System Plan, State Medicaid HIT Plan and the State Health Innovation Plan. (5 points)

Criteria 4: Fiscal Management and Sustainability (Total of 20 points)

a. The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring, and reporting functions within the last five (5) years. The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled. (5 points)
b. The applicant describes how the organization will sustain and continuously improve the products of the program, including the Resource Inventory, beyond the period of performance of the grant. (15 points)

B) Review and Selection Process

All applications that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal or external reviewers who are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in workflow and HIT needs assessments, Medicaid, strategic planning, stakeholder engagement, and social determinants of health. The panel will review, score, and rank each applicant’s proposal based on the criteria outlined in the RFA. Scoring and the recommendations of the review panel are advisory.

Applications will be scored according to the evaluation criteria listed above. The results of the evaluation for each application submitted will be classified into one of four categories below:

<table>
<thead>
<tr>
<th>Ranking Classification</th>
<th>Point Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Qualified</td>
<td>95 – 100</td>
</tr>
<tr>
<td>Very Qualified</td>
<td>80 – 94</td>
</tr>
<tr>
<td>Qualified</td>
<td>70 – 79</td>
</tr>
<tr>
<td>Minimally Qualified</td>
<td>69 and below</td>
</tr>
</tbody>
</table>

The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are
ranked in the “Most Qualified” category, DHCF may select from the “Very Qualified” and/or “Qualified” categories.

The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel’s recommendations, they shall provide written justification as required by District regulations.

C) Anticipated Announcement and Award Dates
The anticipated announcement and award date is February 4, 2019.

Section VI: Award Information

A) Award Notices
DHCF will provide the successful applicants with a Notice of Grant Award (NOGA). The NOGA shall be signed and returned to DHCF within 10 business days. Unsuccessful applications will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA and release.

B) Programmatic, Administrative, and National Policy Requirements
The grantee will be held to strict milestones and requirements in order to receive the full amount of the grant. This will be based on a DHCF-approved Work Plan, which will be submitted to DHCF 30 calendar days after award.

C) Reporting
The grantee will be required to submit monthly programmatic reports and financial requests for reimbursement. The programmatic reports will indicate the status of goals and performance measures, as well as any successes or challenges encountered during the report period. The financial reports will indicate the status of program spending by category and will be submitted along with all receipts, invoices or other documentation of incurred expenses. Reports are due no later than the 10th after the end of the reported month.

The grantee will be required to submit a final programmatic report within 30 calendar days of the end of the period of performance or end of the grant. The final report will include a review of the initiative, work conducted by the grantee (and subgrantees), status of goals and performance measures, plans for how the initiative will be leveraged in the future, and recommendations to DHCF, if any, based on the grant.

D) Payment
Upon award, DHCF shall provide funding to the grantee according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. All payments
associated with this grant will be made through an Automated Clearing House (see Attachment C).

Section VII: DC Agency Contacts
For additional information regarding this RFA, please contact DaShawn Groves, Health Care Reform & Innovation Administration via email at dashawn.groves@dc.gov or by phone at (202) 442-8956.
Section VII: Attachments

A) Certifications

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 the Office of Management and Budget (OMB) Circular A-122, “Cost Principles for Non-Profit Organizations.”

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 subgrant, 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; and

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

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
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) W-9 Form

**W-9 Request for Taxpayer Identification Number and Certification**

**Form**
- W-9 [Rev. August 2019]
- Department of the Treasury
- Internal Revenue Service

**Identification Number**
- Name (as shown on your income tax return)
- Business name, if different from above

**Check appropriate box for federal tax classification**
- Individual sole proprietor
- C Corporation
- S Corporation
- Partnership
- Exemptions (see instructions):
  - Exempt payee code (if any)
  - Exemption from FATCA reporting (if any)

**Other tax classification**
- Address (number, street, apt., suite no.)
- City, state, and zip code

**Requestor’s name and address (optional)**

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For Individuals, this is your social security number (SSN). However, for a tax-exempt, state proprietor, or unincorporated entity, see the instructions on page 2. For entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

#### Social security number

#### Employee identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must check item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you may provide your correct TIN. See the instructions on page 5.

### Sign Here

#### Signature of U.S. Person

**Date**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**File information:** The IRS has created a page on IRS.gov for information about Form W-9, where you can find information about any tax-related transactions, real estate transactions, mortgage interest, and contributions to an individual retirement arrangement (IRA).

**Certificate of Form W-9:** If you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you may provide your correct TIN. See the instructions on page 5.

**Purpose of Form:**

A person who is required to file information returns with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of a deficiency, or income paid to you as a nonresident alien.

**Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (if you are waiting for a number to be issued), and
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to backup withholding on foreign partners’ share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting is correct.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 or requests your TIN, you must use the requester’s form if it is substantially similar to this Form W-9. Definition of a U.S. person: For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships:** Partnerships that conduct a trade or business in the United States are generally required to pay backup withholding under section 1441 to an foreign partner with effectively connected income from such business. Further, in certain cases where a Form W-9 has been received, the rules under section 1446(a) relate to a partner in a foreign person, and pay the section 1446(b) withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provides Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

**Cat. No. 10231X**

Form W-9 (Rev. 8-2019)
Updating Your Information

You must provide updated information to any person to whom you leased or
leased as an exempt person, if you are no longer an exempt person and you believe
you have made any material or substantial payments to the other person. For example,
you may need to provide updated information if you are a C corporation that leases to
a B corporation, or if you no longer are an exempt person. In each case, if you must fill in
Form W-9, you may need to file a new Form W-9 if the name or tax ID changes for the account, for examples, if the grantee of a grantor trust dies.

Penalties

Failure to furnish timely Form W-9, if you fail to furnish your correct name and
identification number, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

If a tax-exempt entity files Form W-9 or a similar document, you must have
reorganized or closed the foreign entity or the organization may be subject to a $2,000 penalty.

Criminal penalty for falsifying documents. Willfully falsifying or concealing
information or making any willful misrepresentation of material fact in connection with
such a tax-exempt entity may be subject to civil and/or criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your
return and, therefore, you are never to use another name, in this case any other tax return.

If the account is in joint names, list first, and then name the
account or the party or which you are entitled in Part I of the form.

If you are a sole proprietor, enter the name as shown on your income tax return
and the number or the entity for the purpose of the information contained in
and the number on the “Name” line and the number
business name and/or business entity name line.

If the account is owned by a partnership, corporation, etc., name the partnership, corporation, etc., or the name on the “Name” line and the number
business name and/or business entity name line.

Dissociated entity. For U.S. federal tax purposes, an entity that is disregarded
dissociate from its owner as a disregarded entity. For U.S. federal tax purposes, the
the owner of the name and the number shown on the
business name and/or business entity name line.

If the owner of the disregarded entity is a foreign person, the owner must
complete an appropriate form W-9 and file it in the form. The name is the owner of
the name and the number shown on the
business name and/or business entity name line.

Note: Enter the appropriate tax classification of the
business name and the number shown on the
business name and/or business entity name line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter “exempt” in the
Exemptions box, which may apply to you. See Exempt page 30 and Exemptions page 30 for more
information.

RFA # DHCF-Community Resource Inventory-2018
Exempt payment codes. Generally, institutions (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding on their payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment cost or their party network transactions.

Note: If you are exempt from backup withholding, you should complete this form to avoid possible erroneous backup withholding.

The following codes identify payments that are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), 501(c)(4) or 501(c)(6), or a controlled account under section 4947(a)(1) if the account satisfies the requirements of section 4947(a)(1).
2. The United States or any of its agencies or instrumentalities.
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
5. A tax-exempt organization exempt from backup withholding on its payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment cost or their party network transactions.
6. A state or local government or any of its political subdivisions, agencies, or instrumentalities.
8. A state or local government or any of its political subdivisions, agencies, or instrumentalities.

Part 1. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an EIN, you must use your SSN. If you are a nonresident alien or corporation, you must use your IITA or ITIN. If you are a sole proprietor, you must use your SSN. If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS may require you to use your SSN.

Note: If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS may require you to use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on page 3), enter the owner’s SSN or EIN, if the owner has one. Do not enter the disregarded entity’s EIN. If the LLC is classified as a partnership or corporation, enter the entity’s EIN.

Form 8-B, Page 3 of 30

Part 2. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, Form 8-B must be signed (when required). In the case of a disregarded entity, the person identified on the “Name” line must sign. Exempt payments, see Exempt Payment Code Corder.

Exempt payments.

1. A corporation the stock of which is regularly traded on an established securities market, as described in section 7704(a).
2. A corporation that is a party to an insurance company as a group or otherwise.
3. A corporation that is a member of a tax-exempt organization.
4. A corporation that is a member of a tax-exempt organization.
5. A corporation that is a member of a tax-exempt organization.
6. A corporation that is a member of a tax-exempt organization.
7. A corporation that is a member of a tax-exempt organization.
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26. A corporation that is a member of a tax-exempt organization.
27. A corporation that is a member of a tax-exempt organization.
28. A corporation that is a member of a tax-exempt organization.
29. A corporation that is a member of a tax-exempt organization.
30. A corporation that is a member of a tax-exempt organization.
### What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account</th>
<th>Give name and title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual who is the owner of the account or person who is authorized to act on behalf of the owner.</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The names and titles of all individuals who are joint owners</td>
</tr>
<tr>
<td>3. Custodian account of a minor (minors 18 or under)</td>
<td>The custodian of the account or person who is authorized to act on behalf of the custodian.</td>
</tr>
<tr>
<td>4. The usual corporate/ multimember LLC or other entity authorized to act on behalf of the owner</td>
<td>The name and title of the entity.</td>
</tr>
<tr>
<td>5. Grantor trust or grantor trust with a power of appointment</td>
<td>The name and title of the grantor.</td>
</tr>
</tbody>
</table>

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information—such as your name, social security number (SSN), or other identifying information—without your permission, in an attempt to commit fraud or other crimes. An identity theft may take your financial resources, get you a job or may file a tax return using your SSN to receive a refund. To secure your name:

- Protect your name.
- Protect your identity: monitor your financial statements and credit report.
- Be careful when choosing a tax preparer.
- If your tax records are affected by identity theft and you need assistance, contact the IRS Identity Theft Hotline at 1-800-908-4490 or visit Form T-2096.
- For more information, see Publication 4368, Identity Theft Prevention and Assistance Guidelines.

**Victims of identity theft** who have been approved for an identity theft assurance plan (ITA) or an identity theft assurance plan (ITA) that is not available due to circumstances beyond the control of the IRS, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll free at 1-877-777-4778 or 1-800-908-4490.

**Prevent yourself from becoming a victim of ID theft:** Always be alert when dealing with financial institutions such as banks, credit card companies, or insurance companies. Always keep in mind the importance of monitoring your financial statements and credit report. Always be cautious when using your credit card or debit card. Always be alert when shopping online.

You can learn more about identity theft and how to reduce your risk at [IRS.gov](https://www.irs.gov).
Application Receipt

RFA Title: Community Resource Inventory Needs Assessment and Design Grant
RFA # DHCF-Community Resource Inventory-2018

** 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)

(Telephone/Email)

[DHCF USE ONLY]

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

# of Copies received: ______
Received by: _________________________