



REQUEST FOR APPLICATIONS

Medical Care Respite Grant

Open Date: March 20, 2020

Close Date: April 20, 2020



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

The Medical Care Respite grant will provide funding for operating expenses associated with the provision of medical respite care services to individuals who are homeless. The purposes of the grant are to: 1) expand the quantity and/or quality of medical respite care services available for District residents; and 2) strengthen the health system for providers of medical respite care services to meet national standards and secure more sustainable funding. Applicants who have the following attributes will be given priority: 1) staff capacity and expertise to provide medical respite care, with an emphasis on services delivered to homeless women; 2) ability to provide case management services and connect homeless individuals to permanent supportive housing, either directly or through partnership with another service provider; 3) capacity to expand or improve medical respite care services using this funding; 4) meeting national standards or working to adopt national standards, such as those from the National Health Care for the Homeless Council.

Key Dates and Information

RFA release	Friday, March 20, 2020
Pre-application meeting	Wednesday, April 1, 2020 2:00-3:30 PM EST WebEx Meeting room: https://dcnet.webex.com/dcnet/j.php?MTID=m1c2a4bc56f02553f1d36143a8298e355 Dial-in: 1-650-479-3208 Call-in toll number (US/Canada) Access code: 731 057 563
Deadline to submit written questions to taylor.woods2@dc.gov	Wednesday, April 8, 2020
Answers to questions available at https://dhcf.dc.gov/page/dhcf-grant-opportunities	On or before Monday, April 13, 2020
Application due	Monday, April 20, 2020 By 4:00 p.m. Eastern.
Award announcement (expected)	Wednesday, May 20, 2020
Grant start and end dates	Award date to September 30, 2020

Section II: Award Information

The total amount of funds available is up to \$150,000.00. DHCF will award one (1) grant in the amount of up to \$150,000.00. The grant period will be the date of award to September 30, 2020.

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 will be disqualified if any participating organization or any proposed staff have pending investigations, exclusions, suspensions, or debarment from any federal or District health care program or any overpayment from DHCF.

Applicants who have the following attributes will be given priority: 1) staff capacity and expertise to provide medical respite care, with an emphasis on services delivered to homeless women; 2) ability to provide case management services and connect homeless individuals to permanent supportive housing, either directly or through partnership with another service provider; 3) capacity to expand or improve medical respite care services using this funding; 4) meeting national standards or working to adopt national standards, such as those from the National Health Care for the Homeless Council.

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. Please note that all standards related to in-person submission of applications are contingent on DHCF offices being open during the COVID-19 health emergency. If DHCF offices are closed on April 20, 2020, then applications should be submitted electronically via email to taylor.woods2@dc.gov. Applications submitted electronically may not include any Protected Health Information.**

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. The application must be submitted in a sealed envelope. Sealed envelopes would be clearly identified by the organization name, RFA number, and project name using the DHCF RFA 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 April 20, 2020 to DHCF c/o Taylor Woods, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk.

B) 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].

C) 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).

D) 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 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. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
2. The Applicant shall comply, where applicable, with any District licensing requirements.

E) 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 2 CFR 200, “Uniform Requirements, Cost Principles, and Audit Requirements for Federal Awards”;
 - 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 Part 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.

F) Certificate of Good Standing

Applicant shall represent that they are duly organized, validly existing, and in good standing under the laws of the jurisdiction they are organized or licensed, and they, their employees, agents, sub-grantees, representatives and members of their workforce are licensed and in good standing with the applicable agency, board, or governing body to perform their obligations. They shall also represent that they, their employees, agents, sub-grantees, representatives, and members of their workforce are in good standing with the District of Columbia, that they, their employees, agents, subcontractors, representatives and members of their workforce will submit a Certificate of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that they, their employees, agents, sub-grantees, representatives,

and members of their workforce have not been de-barred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

G) 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 DHCF 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. DHCF shall provide the citations to the statute and implementing regulations that authorize the grant or subgrant including all applicable federal and District regulations.
8. DHCF shall describe 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 DHCF; and compliance conditions that must be met by the grantee.
9. Any and all data, financial and otherwise, requested by DHCF and provided during the grant term shall be made available in a format as requested and/or approved by DHCF;
10. 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
11. Awardee 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 Wednesday, April 1, 2020 at 2:00-3:30 PM EST.

The meeting can be accessed through WebEx Meeting room:

<https://dcnet.webex.com/dcnet/j.php?MTID=m1c2a4bc56f02553f1d36143a8298e355>

It can also be accessed by dial-in: 1-650-479-3208 Call-in toll number (US/Canada)

Access code: 731 057 563

B) Application Delivery

Please note that all standards related to in-person submission of applications are contingent on DHCF offices being open during the COVID-19 health emergency. If DHCF offices are closed on April 20, 2020, then applications should be submitted electronically to taylor.woods2@dc.gov. If applications are submitted electronically, please do not include any Protected Health Information.

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 April 20, 2020 to DHCF c/o Taylor Woods, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk. Two (2) copies of the DHCF RFA receipt (see **Attachment D**), with applicant information completed, should be stapled to the outside of the submission envelope.

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

The applicant shall prepare a response to this RFA with the following content and in the format described:

- 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. Attachments
 - Attachment A: Signed Statement of Certification
 - Attachment B: Completed Automated Clearing House form
- h. Appendices
 - Appendix 1: Proposed organizational chart
 - Appendix 2: Proposed staff job descriptions
 - Appendix 3: Proposed staff resumes
 - Appendix 4: List of District grants (FY18, FY19, FY20)
 - Appendix 5: District of Columbia Business License
 - Appendix 6: District of Columbia Certificate of Good Standing
 - Appendix 7: List of insurance carriers
 - Appendix 8: Completed W-9 form

Descriptions of each response element is detailed below:

a. Table of Contents

b. Program Narrative

The narrative section (limited to 10 pages) should describe the applicant's approach to providing medical respite care services for individuals experiencing homelessness.

Specifically, the narrative must:

1. Describe how the applicant will use grant funds to fund gaps in operating expenses related to the provision of medical respite care services to individuals who are homeless.
2. Describe how the applicant will measure the impact of the grant on the organization receiving the grant and to individuals receiving medical respite care services.
3. Describe existing operating expenses related to the provision of medical respite care services to individuals who are homeless.
4. Describe the proposed program's integration with existing or ongoing DC government initiatives, such as Homeward DC.
5. Demonstrate that the proposed program will be in compliance with national standards or working toward compliance with local or national standards, such as the National Association of Health Care for the Homeless Council.
6. Describe the intended impact of grant funding on homeless individuals the applicant will serve and clearly articulate what the grant funding will change.
7. Describe the proposed program's demonstrated ability and past performance providing medical respite care services to women who are homeless.
8. Describe the proposed program's strategy for providing case management services, including assistance in accessing permanent supportive housing. If case management services will be provided by another entity, please submit a letter of

support from the other entity or a memorandum of understanding between the organizations.

9. Articulate the applicant organization's approach to meeting the program requirements and objectives outlined in the RFA.

c. 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, reporting, and monitoring requirements included in this RFA. Report the proportion of total applicant organization revenue received from 1) federal government sources, 2) DC government sources, 3) other government entities, and 4) private or other sources. If the applicant organization receives federal government funding, please indicate whether the organization has a negotiated indirect cost rate agreement with the federal government.

d. 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 will help demonstrate the impact of the grant funding and help the District determine if continuation and/or expansion of grant funding for medical respite services is recommended. Specify what measures will be reported on 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.

e. Applicant Qualifications

Describe the capacity of the applicant organization (limited to 3 pages). Please include:

1. The organization's specific involvement and roles in the District's health system, including homeless services, social services, health services, and behavioral health services.
2. Discuss the applicant's history, experience, and/or knowledge related to the provision of medical respite care services.
3. The applicant's operational readiness and capabilities to provide medical respite care services.
4. The applicant's ability to serve women who are homeless.

5. The applicant's ability to provide case management services, including accessing permanent supportive housing services.

f. Program Budget and Budget 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 and should report indirect costs and costs associated with direct service provision separately. An example budget template is provided (see **Attachment C**) but its use is not required.

g. Attachments

Fillable PDF versions of the Certifications (**Attachment A**) and Automated Clearing House form (**Attachment B**) are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

h. Appendices

The applicant shall provide a proposed organizational chart (Appendix 1), proposed staff job descriptions (Appendix 2), and proposed staff resumes (Appendix 3).

Appendix 4 of the response shall include a list of any grants received in FY18 and FY19 and/or any expected grants to be received in FY20 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.

The applicant shall provide their District of Columbia Business License (Appendix 5) and is strongly encouraged to provide their District of Columbia Certificate of Good Standing (Appendix 6). While a District of Columbia Certificate of Good Standing is not required as part of the RFA response, a District of Columbia Certificate of Good Standing must be provided prior to the award of any grant to selected applicant(s). According to the District Department of Consumer and Regulatory Affairs (DCRA), an organization registered in another state or country that seeks to transact business in the District of Columbia must obtain authority by filing an application for foreign registration. DCRA's Corporations Division has an expedited one day filing process for a fee in addition to regular filing fees.

Where applicable, the applicant shall provide a list of all of its insurance carriers and the type of insurance provided (Appendix 7).

The applicant shall provide a current completed W-9 form prepared for the U.S. IRS (Appendix 8). DHCF defines “current” to mean that the document was completed within the same calendar year as that of the application date. Fillable W-9 forms can be found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

D) Funding Restrictions

Any award associated with this RFA is limited to the availability of the District local appropriation for Fiscal Year 2020.

Section V: Application and Review Information

A) Criteria

All applicants for this RFA will be objectively reviewed and scored against 3 criteria:

Criteria 1: Organizational Structure and Project Leadership (Total of 15 points)

- a. The applicant provides a description of all staff and/or positions to be used to perform the work under the RFA; resumes of key staff; and an organizational chart, showing clear lines of authority and responsibility. The staffing plan shall include a description of how the project staff will be organized and supervised to meet all RFA requirements. *(5 points)*
- b. The applicant’s proposed staff has demonstrated previous experience with medical respite care services. *(10 points)*

Criteria 2: Process, Plans, Operational Readiness, and Capacity (Total of 60 points)

- a. The applicant describes the organization’s history, experience, and/or knowledge related to medical respite care services that would support their ability to meet all RFA requirements. *(15 points)*
- b. The applicant proposes a way to deliver medical respite care services that addresses the components outlined in the Program Narrative and measures the impact of the funding. *(45 points)*
 - i. The applicant’s proposal demonstrates that it will improve services for District residents experiencing homelessness and requiring medical respite care services. *(15 points)*
 - ii. The applicant’s proposal demonstrates that it will effectively demonstrate and measure the impact of the funding to the organization and to the individuals receiving medical respite care services *(10 points)*

- iii. The applicant demonstrates their ability to effectively provide medical respite care services for women who are homeless. (10 points)
- iv. The applicant demonstrates the ability to provide case management services to individuals receiving medical respite care services and connect recipients to permanent supportive housing. (10 points)

Criteria 3: Fiscal Management and Sustainability (Total of 25 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. (9 points)
- b. The applicant reports the proportion of grant funds that will be spent on indirect costs and direct costs, respectively. The applicant reports the proportion of total revenue it receives from the federal government, DC government, other government, and private or other funds, respectively. (8 points)
- c. The applicant is likely to use funding or the experience from the grant to meet national standards for medical respite care services. (8 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. The panel of reviewers are neutral, qualified, professionals selected by the DHCF Office of the Director for their expertise in social service grantmaking.

Each panelist will individually review, score, and rank each applicant’s proposal according to the evaluation criteria listed above. The individual scores of the review panel will be averaged and each application submitted will be classified into one of four categories below based on the averaged score:

Ranking Classification	Point Range
<i>Most Qualified</i>	95 – 100
<i>Very Qualified</i>	80 – 94
<i>Qualified</i>	70 – 79
<i>Minimally Qualified</i>	69 and below

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.

Scoring and the recommendations of the review panel are advisory. 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, the Director shall provide written justification as required by District regulations.

C) Anticipated Announcement and Award Dates

The anticipated announcement date is May 20, 2020. The anticipated date of award is May 20, 2020. Both successful and unsuccessful applicants will be notified in writing of the selection decision prior to the award date.

Section VI: Award Information

A) Award Notices

DHCF will provide the successful applicant(s) with a Notice of Grant Agreement (NOGA). The NOGA(s) shall be signed and returned to DHCF within 10 business days. Grant proceeds will only be paid after receipt of the signed NOGA.

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 shall be submitted to DHCF within thirty (30) calendar days after receipt of the award.

C) Reporting

Grantees 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.

Grantees will be required to submit a final programmatic report within thirty (30) calendar days after expiration of the grant agreement. The final report will include a review of the initiative, work conducted by the grantee, 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.

Grantees will be required to submit an annual financial report within (30) calendar days after the end of the District of Columbia fiscal year. Reports will include revenue (grant award and match), encumbrances, and expenditures by budget line item comparing planned and actual expenses and explaining deviations from the planned budget.

D) Payment

Upon award, DHCF shall provide funding to the Grantee(s) 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 B**).

Section VII: DC Agency Contacts

For additional information regarding this RFA, please contact Taylor Woods, Special Projects Officer, Health Care Policy and Research Administration, DHCF by email at taylor.woods2@dc.gov or by phone at (202) 442-9048.

Section VIII: Attachments

Fillable PDF versions of all the attachments are available as part of the application packet published with this RFA. All attachments shall be completed and included in the applicant's response.

Attachments included in the separate PDF available as part of the application packet published with this RFA include:

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



Department of Health Care Finance

ATTACHMENTS

REQUEST FOR APPLICATIONS

Medical Care Respite 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 the Office of Management and Budget (OMB) Circular A-122, "Cost Principals 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 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; 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 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	<input type="checkbox"/> Checking <input type="checkbox"/> 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-Respite-2020]

GRANT SPENDING PLAN				
GRANT NAME	Medical Care Respite Grant			
APPLICATION 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 taylor.woods2@dc.gov.

D) DHCF RFA Receipt

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)**



Application Receipt

RFA: Medical Care Respite 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: _____