ATTACHMENTS

REQUEST FOR APPLICATIONS

Implementing a Systemwide Approach to Produce Prescriptions

A) Certifications
B) Program Budget and Budget Justification Template

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 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/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 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: DHCF-ProduceRx-2025 Applicant IRS Number: _____

Signature: _____ Date: _____

Name and Title of Authorized Representative: _____

_____

B) Program Budget and Budget Justification Template*

Department of Health Care Finance

Budget Projection [RFA #DHCF-ProduceRx-2025]

GRANT SPENDING PLAN			
GRANT NAME	Produce Rx		
RFA INITIATIVE	DESCRIPTION	PLANNED BUDGET	BUDGET NARRATIVE / JUSTIFICATION
Initiative #1	[Insert brief description]	TOTAL: 0.00	
	SUB-TASKS		
	#	Description	Sub-Total	Narrative / Justification
	001		0.00	
	002		0.00	
	Etc.		0.00	
Initiative #2	[Insert brief description]	TOTAL: 0.00	
	SUB-TASKS		
	#	Description	Sub-Total	Narrative / Justification
	001		0.00	
	002		0.00	
	Etc.		0.00	
Initiative #3	[Insert brief description]	TOTAL: 0.00	
	SUB-TASKS		
	#	Description	Sub-Total	Narrative / Justification
	001		0.00	
	002		0.00	
	Etc.		0.00	
Initiative #4	[Insert brief description]	TOTAL: 0.00	
	SUB-TASKS		

	#	Description	Sub-Total	Narrative / Justification
	001		0.00	
	002		0.00	
	Etc.		0.00	
Initiative #5		[Insert brief description]	TOTAL: 0.00	
	SUB-TASKS			
	#	Description	Sub-Total	Narrative / Justification
	001		0.00	
	002		0.00	
	Etc.		0.00	
		GRAND TOTAL: $0.00		
Prepared By:				
Telephone:				

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