REQUEST FOR APPLICATIONS

Ward 7 and 8 Social Determinants of Health Initiatives

Open Date: February 24, 2020

Close Date: March 26, 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

A) Overview

The mission of the Government of the District of Columbia’s (DC) Department of Health Care Finance (DHCF) is to improve the health outcomes of District residents by providing access to comprehensive, cost effective, and quality healthcare services. As the District’s single State Medicaid Agency, DHCF administers the Medicaid program and the State Children’s Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance) and the Immigrant Children’s Program (ICP). Through these programs, DHCF provides health insurance coverage for children, adults, elderly and persons with disabilities who have low-income. Over 270,000 District residents (more than one-third of all residents) receive health care coverage through DHCF’s Medicaid, CHIP, Alliance and Immigrant Children programs.

DHCF has established three strategic priorities to guide the agencies focus over the next five years. One of the strategic priorities is to build a health system that provides ‘whole person’ care. To improve the health of our beneficiaries, the ‘whole person’ must be addressed including contributors beyond health (i.e., housing, food security, and other social needs). Mounting evidence points to social, economic, and environmental factors as having a profound impact on the improvement of health and the achievement of health equity.

The healthcare system is beginning to: 1) foster collaborations amongst different provider types; and 2) integrate physical and behavioral health, social services and community supports (e.g., churches, clinics, community organizations, housing and social service supports, educational resources and cultural institutions). Evidence suggests that programs that comprehensively address where we live, work, learn and play can have greater impact.
on health outcomes at the population level than programs utilizing interventions aimed
solely at individual behavior change. A cross-continuum approach that leverages community
partnerships to address SDOH is critical to improving outcomes for people with complex
needs, while reducing total cost of care.

To support the District’s efforts to improve health outcomes, DHCF will award two
competitive grants in an amount of up to $50,000 each to entities to initiate or enhance
community-based initiatives in Ward 7 and/or 8 addressing social determinants of health
for Medicaid or Alliance beneficiaries in Ward 7 and/or 8. The grant should focus on the
following domains: housing, food access, social inclusion, employment assistance and
literacy. Entities should have either: 1) participated in a cohort-based design-thinking
curriculum, developed to provide the teams with a set of useful tools and resources, to
help define their health program and bring their innovative ideas to fruition curriculum;
and/or 2) incorporated human-centered design principles in their development of the
initiative and continue to engage the community for feedback for improvement.

B) Background

The Health Equity Report for the District of Columbia 2018 illustrates that despite wide
improvements in health outcomes over the last decade for District residents, certain health
outcomes have not improved for everyone at the same rate due to health disparities and
inequities. The data throughout the report presents a picture of significant differences
across neighborhoods that align with disparities in health outcomes, including life
expectancy which ranges from 89.4 years of age to 68 across the wards. The report
highlights social determinants that affect health, which include: education, employment,
income, housing, transportation, food environment, medical care, outdoor environment,
and community safety.

Evidence concerning the ways in which social determinants shape health has led to a
growing recognition throughout the health care sector that overall health improvements
depend on addressing social determinants. DHCF is responsible for providing healthcare
coverage to low-income children, adults, elderly, and persons with disabilities. Despite the
fact that the District has the second lowest uninsured rate across the country (3.9%), many
beneficiaries struggle with poor health outcomes and experience fragmented care, with
substantial disparities in care and outcomes across the city, exemplified in Wards 7 and 8.
DHCF is in the midst of implementing coverage reforms to improve health system design
and outcomes. Areas of focus include improvements in behavioral health early diagnosis
and prevention, the ability to address social determinants of health, and reductions in
health disparities.
The following two initiatives offer insight into DHCF’s cross-cutting efforts to transform the Medicaid delivery system to address whole-person care, improve health outcomes, and reduce inequities.

**Behavioral Health Transformation**
In November 2019, CMS approved the District’s Medicaid Section 1115 Behavioral Health Transformation Demonstration ([https://dhcf.dc.gov/1115-waiver-initiative](https://dhcf.dc.gov/1115-waiver-initiative)). This Demonstration will allow the District’s Medicaid program to pay for services provided to adults with serious mental illness (SMI)/serious emotional disorder (SED) or substance use disorder (SUD) by an institution for mental disease (IMD). The District aims to strengthen the continuum of care and move the District’s Medicaid program toward a more integrated model of behavioral health care delivery. The demonstration will also assist the District in advancing key goals within its Opioid Strategic Plan. Specifically, the demonstration will expand access to SUD treatment and providers, improve the quality of behavioral health treatment, improve the beneficiary experience after discharge through follow up, and prevent emergent and acute hospitalizations by scaling up crisis treatment programs. DHCF recently received funding via the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act Section 1003: Planning Grants for the Demonstration Project to Increase Substance Use Disorder Provider Capacity which will build infrastructure to facilitate improved data collection and reporting in the District’s behavioral health system.

**Health Homes’ Approach to Care Coordination**
As of 2017, the District has two health home (HH) programs ([https://dhcf.dc.gov/page/health-homes](https://dhcf.dc.gov/page/health-homes)). The first, initiated in 2016 and managed by the Department of Behavioral Health (DBH), is focused on beneficiaries with SMI (“My DC Health Home”). The second, launched in the summer of 2017 and managed by DHCF, is focused on beneficiaries with three or more chronic conditions (“My Health GPS”). Both programs seek to provide patients with a central point of care coordination.

Providers for both programs are located throughout the District, with several providers in Wards 7 and 8. The goals of DHCF’s HH program for beneficiaries with chronic conditions are to:

- Improve the integration of medical and behavioral health, community supports and social services;
- Lower rates of avoidable emergency department (ED) use;
- Reduce preventable hospital admissions and readmissions;
- Reduce healthcare costs;
• Improve the experience of care, quality of life and beneficiary satisfaction; and
• Improve health outcomes.

These two initiatives demonstrate DHCF’s efforts to build a health system that provides whole person care. To improve the health of our beneficiaries, the whole person must be addressed including contributors beyond health care. These grants seek to fund initiatives, interventions, and strategies that are ‘upstream’ from traditional clinical settings and address the social, physical, economic and environmental factors, that influence health and health systems. A focus on addressing upstream factors aims to decrease barriers and improve supports that allow individuals to achieve their full health potential.

C) Program Description

This grant award will support entities to initiate or enhance community-based initiatives in Ward 7 and/or 8 that address social determinants of health and serve Medicaid or Alliance beneficiaries in Ward 7 and/or 8. The grant should focus on the following social determinants of health domains: housing, food access, social inclusion, employment assistance and literacy.

Applicants are invited to propose innovative initiatives that address social determinants of health and reduce barriers to improving health outcomes among Ward 7 & 8 residents using a human-centered approach. Applicants should consider how these grant investments can advance the District’s efforts to improve the health and wellness of District residents in Wards 7 and 8. Proposals should address the following areas:

• Describe how the applicant has developed the initiative incorporating human-centered design principles.
• Describe how the applicant plans to continue to engage stakeholders in their initiative.
• Describe how the initiative will address social determinants of health and improve health equity for Ward 7 & 8 residents, particularly those enrolled in Medicaid or Alliance.
• Describe how the initiative will be sustained after the grant performance period.
• Define success of the initiative during performance period and post grant in terms of:
  o Projected impact on structural barriers and social determinants; and
  o Projected reduction in health inequities and improvement in health outcomes, using short-term and intermediate measures.
D) Program Benefit
The impacts of unmet health-related social needs, such as homelessness, inconsistent access to food, and exposure to violence on health and health care utilization are well-established. Growing evidence indicates that addressing these and other needs can help mitigate their damaging health effects. The grant will facilitate SDOH initiatives that will improve the overall health and well-being of District residents living in Wards 7 and/or 8.

E) Key Dates and Information

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tr>
<td>RFA release</td>
<td>Thursday, February 24, 2020</td>
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<tr>
<td>Pre-application meeting</td>
<td>Monday, February 24, 2020 1:00 to 2:00 p.m.</td>
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<td>441 4th St., NW</td>
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<td>10th Floor, Main Street Room 1028</td>
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<td>Washington, DC 20001</td>
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<td>Deadline to submit written questions to</td>
<td>Monday, March 9, 2020</td>
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<td><a href="mailto:dashawn.groves@dc.gov">dashawn.groves@dc.gov</a></td>
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<td>Answers to questions available at</td>
<td>On or before Friday, March 13, 2020</td>
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<td><a href="https://dhcf.dc.gov/page/dhcf-grant-">https://dhcf.dc.gov/page/dhcf-grant-</a></td>
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<td>opportunities</td>
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<td>Application due</td>
<td>March 26, 2020 By 4:00 p.m. Eastern</td>
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<tr>
<td>Award announcement (expected)</td>
<td>April 28, 2020</td>
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<tr>
<td>Grant start and end dates</td>
<td>Award date to September 30, 2020</td>
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Section II: Award Information
The total amount of funds available is up to one hundred thousand dollars ($100,000.00). DHCF will award two (2) grants in the amount of up to $50,000 each. The grant period will be the date of the award to September 30, 2020.

Section III: Eligibility Information

A) Qualified Organization
Applicants must meet the following eligibility requirements to apply for this grant:

1. Have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations.

2. 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, by both DCRA and OTR, 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 or DCRA.

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 RFA Receipt (see Attachment E). **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 March 26, 2020 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. 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.

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:

1. 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;

2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;

3. 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;

4. 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”;

5. Whether the applicant, 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.
6. 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;

7. That the applicant is in compliance with requirements set forth in D.C. Official Code § 1-328.15;

8. 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;

9. 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;

10. 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;

11. 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;

12. 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;

13. 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;

14. 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;

15. That the applicant has a satisfactory record of integrity and business ethics;
16. 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;
17. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;
18. That the applicant complies with provisions of the Drug-Free Workplace Act;
19. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and
20. 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 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 debarred from being employed as a Grantee by the federal government, the Government of the District of Columbia, or any government entity.

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. Awardee will be required to participate in any DHCF-sponsored training related to this award.

I) Financial Management and System of Internal Controls

If selected for funding, the applicant must:

1. Establish and maintain effective internal control over the award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the federal award. These internal controls should be in compliance with guidance in the “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework” issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO);

2. Comply with statutes, regulations, and the terms and conditions of the awards;

3. Evaluate and monitor the nonfederal entity’s compliance with statute, regulations and the terms and conditions of the award; and

4. Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.
J) Funding Restrictions
Any award associated with this RFA is limited to the availability funds in Fiscal Year 2020 and the authority to appropriate those funds. Spending is restricted to line items in the approved budget in order to fulfill the requirements of the approved project plan. Grant award money cannot be used for the following:

1. Duplication of services immediately available through city, or federal government;
2. Market research, advertising (unless public service related to grant program) or other promotional expenses;
3. Award to a subgrantee; or
4. Expenses made prior to the approval of a proposal or unreasonable expenditures will not be reimbursed.

Section IV: Application and Submission Information

A) Pre-Application Conference
A pre-application conference is scheduled for Monday, February 24, 2020 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 March 26, 2020 to DHCF c/o DaShawn Groves, 441 4th St. NW, Washington, DC 20001 at the 9th Floor Reception Desk. Two (2) copies of the DHCF RFA receipt (see Attachment E), 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: W-9 Form
   - Attachment C: Completed Automated Clearing House form
   - Attachment D: Program Budget and Budget Justification Template
   - Attachment E: DHCF RFA Receipt
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, and potential 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
   - Appendix 9: Letter of Support (optional)

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 initiate or enhance community-based initiatives in Ward 7 and/or 8 that address social determinants of health with a focus on Medicaid, Alliance and ICP beneficiaries in Ward 7 and/or 8. Specifically, the narrative must:

1. Describe the specific problem(s) or issue(s) that the initiative addresses using a data-informed and human-centered approach;
2. Describe the proposed program in detail, including a description of anticipated expenditures under this award and targeted population;
3. Describe the proposed program’s integration with existing or ongoing DHCF initiatives, such as the District of Columbia Section 1115 Medicaid Behavioral

4. Describe the intended impact of the program in terms of the projected reduction in health inequity and the impact on structural barriers and social determinants;

5. 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;

6. Describe any existing or proposed partnerships 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; and

7. Describe in detail the anticipated sustainability of the program beyond the period of performance of the grant.

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 included in this RFA.

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 incorporates District initiatives and priorities. 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, and after, 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 current or past initiatives addressing social determinants of health.
2. The organization’s specific history, experience, knowledge of the District’s Medicaid, Alliance and/or ICP populations.
3. Discuss the applicant’s history, experience, and/or knowledge related to incorporating human-centered design principles to develop an initiative that addresses social determinants of health in Ward 7 or 8, which may include participating in a cohort-based curriculum developed to provide the teams with a set of useful tools and resources, to help define their health program and bring their innovative ideas to fruition curriculum.

4. The applicant’s operational readiness and capabilities to implement a community-based initiative that can be sustained after this grant award.

5. The applicant’s record of partnering with health care providers, community-based organizations, DC Government agencies, or managed care organizations on efforts to improve health equity.

6. Letters of support are optional but may be submitted in Appendix 9.

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. The budget will include separate line items for specific direct and indirect grant expenses. An example budget template is provided (see Attachment D) but its use is not required.

g. Attachments

Fillable PDF versions of the Certifications (Attachment A), IRS W9 form (Attachment B), Automated Clearing House form (Attachment C), Budget Template (Attachment D), and RFA Receipt (Attachment E) 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. The applicant may submit optional letters of support (Appendix 9).

Section V: Application and Review Information

A) Initial Review

Submitted applications will be screened for completeness. The initial review criteria are:
1. Is the applicant an eligible organization?
2. Does the application request not exceed the total amount of funds available as specified in Section II?
3. Was the application received on time and delivered in the format described in Section IV, subsection B?
4. Was the application submitted with all required elements outlined in section IV, subsection C of the RFA document?

Applications that satisfy all the above criteria will move forward to the review committee. Applications that do not meet any one of the above requirements may be disqualified.

B) Review Criteria

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 determinants of health, health equity, program management, and Medicaid.

Each panelist will individually and objectively review, score, and rank each applicant’s proposal according to the four evaluation criteria listed below:

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<tr>
<th>Scoring Criteria</th>
<th>Total Possible Points</th>
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<tbody>
<tr>
<td><strong>Criteria 1: Organizational Structure and Project Leadership</strong></td>
<td>5</td>
</tr>
<tr>
<td>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 proposed and job descriptions for any key positions proposed; and an organizational chart showing clear lines of authority and responsibility. The staffing plan shall include the timeframes for commitment of each staff person to this project and a description of how the project staff will be organized and supervised to meet all RFA requirements.</td>
<td>5</td>
</tr>
<tr>
<td>The applicant’s proposed staff has demonstrated previous experience with similar work as is being proposed and an expert level of knowledge on social determinants of health, human-centered design principles, implementing a community-based initiative in Ward 7 and 8.</td>
<td>5</td>
</tr>
</tbody>
</table>

| **Criteria 2: Process, Plans, Operational Readiness, and Capacity** | 20 |
| The applicant describes the organization’s history, experience, and/or knowledge related to social determinants of health, implementing a human-centered design approach, Medicaid populations and connections to Ward 7 and 8 that would support their ability to meet all RFA requirements. | 20 |
| The applicant proposes a comprehensive, innovative, and achievable program that addresses the components outlined in the Program Narrative. | 20 |
| • The applicant uses a data informed approach to present problems/issues and the applicant’s proposal directly aims to address or alleviate those problems/issues. | 15 |
| • The applicant proposes a realistic, innovative approach to implement a program. | 15 |
| • The applicant demonstrates operational readiness to implement the program and provides a comprehensive and achievable list of milestones and deliverables. | 15 |
| • The applicant demonstrates their methodology and capacity to collect baseline and ongoing data to report on the projected impact on structural barriers and social determinants, projected reduction in health inequities and improvement in health outcomes, using short-term and intermediate measures proposed in the Program Narrative. | 5 |

| **Criteria 3: Potential for Impact and Alignment with DHCF Priorities** | |
| | |
| | |
| | |
| | |
The applicant demonstrates an understanding of ongoing Medicaid initiatives, such as health homes, behavioral health integration, and addressing SDOH in health care settings. The applicant aligns proposed activities these initiatives.

Criteria 4: Fiscal Management and Sustainability

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.

The applicant presents a reasonable and detailed budget and justification to achieve the objectives of the RFA.

The applicant presents a reasonable plan for the long-term financial sustainability of the SDOH initiative.

<table>
<thead>
<tr>
<th>Scoring Criteria</th>
<th>Total Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>The applicant demonstrates an understanding of ongoing Medicaid initiatives, such as health homes, behavioral health integration, and addressing SDOH in health care settings. The applicant aligns proposed activities these initiatives.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Criteria 4: Fiscal Management and Sustainability</strong></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>5</td>
</tr>
<tr>
<td>The applicant presents a reasonable and detailed budget and justification to achieve the objectives of the RFA.</td>
<td>5</td>
</tr>
<tr>
<td>The applicant presents a reasonable plan for the long-term financial sustainability of the SDOH initiative.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Maximum Number of Points</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

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:

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

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) Organizational Capacity and Risk Assessment

If the applicant’s organization is preliminarily selected for this award, the applicant will be contacted by a representative from DHCF and a letter of intent will be issued. At this time, the applicant will be required to provide specific documents and certifications as well as
undergo an organizational capacity and risk assessment. The applicant must comply with this review before a final award offer can be made.

Part of the organizational capacity and risk assessment, the applicant must comply with a financial capacity review and may be required to provide copies of:

- IRS Form 990 or 990EZ covering the last two years preceding the pre-award stage;
- Financial statements covering the six-month period preceding the pre-award stage (whether prepared monthly or quarterly);
- Any audit reports prepared as a result of a visit by a federal agency;
- Approved Federal Indirect Cost Rate agreement (for applicants claiming indirect expenses greater than 10%).

DHCF may require the applicant to provide additional documents or information to facilitate the organizational capacity and risk assessment as outlined in the list below. This list may not be comprehensive and DHCF reserves the right to require additional documents or other information to complete its organizational capacity and risk assessment:

☒ Insurance certificate (or self-insurance letter) for all forms of insurance (except employee benefits) (annual renewal waivers must be submitted);
☒ IRS determination letter for all 501 designated organizations;
☒ Applicant organization’s by-laws;
☒ Applicant organization’s Board of Directors roster (includes names, addresses, phone number);
☐ Applicant organization’s conflict of interest policy;
☒ Certification that the applicant’s organization has written Policies and Procedures for accounting, personnel, procurement, travel, and property management

______________________________________________

Do not submit these documents with your application. The applicant will only be required to provide these documents if DHCF issues a letter of intent.

These documents must be submitted by the deadline specified in the letter of intent. Failure to respond to DHCF in a timely manner and/or failure to submit the documents and certifications to DHCF by the deadline may result in the grant offer being rescinded.

D) Anticipated Announcement and Award Dates

The anticipated announcement date is April 28, 2020. The anticipated date of award is April 28, 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. Unsuccessful applications will be notified in writing. 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
The grantee will be required to submit monthly programmatic and financial 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. It will include a comparison of actual accomplishments to goals outlined in the grant proposal. The financial reports are annotated source documents corroborating project expenditures. They will indicate the status of program spending by category and will be submitted along with all receipts, invoices or other documentation of incurred grant expenses. Programmatic and financial reports are due no later than the 10th after the end of the reported month and totals must match across both reports.

The grantee will be required to submit a final programmatic report and a final financial report within thirty (30) calendar days after the end of the period of performance or end of the grant agreement. The final programmatic 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. The final financial report will include detailed accounting of all grant expenditures over the grant period.

Grant applicants are expected to complete the reports listed above on time and show adequate progress at each reporting interval. Failure to meet these requirements may result in withholding of grant funds and/or termination of the grant due to non-performance or lack of capacity.
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 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 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) W-9 Form
   C) Automated Clearing House Form
   D) Program Budget and Budget Justification Template
   E) DHCF RFA Receipt
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 whatever; 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 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 __________________________ Applicant IRS Number

______________________________ __________________________

Signature: __________________________ Date: __________________________

Name and Title of Authorized Representative: ______________________________________

__________________________________________________________
B) W-9 Form

#### W-9 Form

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>(as shown on your income tax return)</td>
</tr>
<tr>
<td>Business name/Registered entity name, if different from above</td>
<td></td>
</tr>
<tr>
<td>Check appropriate box for federal tax classification:</td>
<td></td>
</tr>
<tr>
<td>Individual/sole proprietor</td>
<td></td>
</tr>
<tr>
<td>Corporation</td>
<td></td>
</tr>
<tr>
<td>S Corporation</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td></td>
</tr>
<tr>
<td>Trustee</td>
<td></td>
</tr>
<tr>
<td>Limited liability company: Enter the tax classification ([C] corporation; [S] corporation; [P] partnership)</td>
<td></td>
</tr>
<tr>
<td>Address (number, street, and apt. or suite no.)</td>
<td></td>
</tr>
<tr>
<td>City, state, and zip code</td>
<td></td>
</tr>
<tr>
<td>Last account number(s) [here] (optional)</td>
<td></td>
</tr>
<tr>
<td>Requester’s name and address (optional)</td>
<td></td>
</tr>
<tr>
<td>Part I: Taxpayer Identification Number (TIN)</td>
<td></td>
</tr>
<tr>
<td>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 resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, fill in your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.</td>
<td></td>
</tr>
<tr>
<td>Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</td>
<td></td>
</tr>
<tr>
<td>Part II: Certification</td>
<td></td>
</tr>
<tr>
<td>Under penalties of perjury, I certify that:</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</td>
<td></td>
</tr>
<tr>
<td>3. I am a U.S. citizen or other U.S. person (defined below), and</td>
<td></td>
</tr>
<tr>
<td>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</td>
<td></td>
</tr>
<tr>
<td>Certification instructions. You must cross out 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 must provide your correct TIN. See the instructions on page 3.</td>
<td></td>
</tr>
<tr>
<td>Sign Here</td>
<td></td>
</tr>
<tr>
<td>Signatures of U.S. persons</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

**General Instructions**

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9. At www.irs.gov, information about any future developments affecting Form W-9 (such as legislation enacted after it was released) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return 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 payment card and third-party network transactions, real estate transactions, mortgage interest you pay, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your TIN to the payor requesting it (the requester) and, when applicable: | |
| 1. Certificate that the TIN you are giving is correct (or you are waiting for a number to be issued), and | |
| 2. Certificate 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. payee, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax 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 the FATCA reporting, is correct. | |

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request 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 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) | |
| 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 a withholding tax under section 1441 on any foreign partners’ share of effectively connected/taxable income from such business. Further, in certain cases where a Form W-8 has not been resolved, the rules under section 1448 require a partner to presume that a partner is a foreign person, and pay the section 1448 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, provide Form W-9 to the ponying to establish your U.S. status and avoid section 1448 withholding on your share of partnership income. |
Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt person. If you are no longer an exempt person and anticipate receiving reportable payments in the future from this person, or if you have moved since the last Form 3520, you may need to provide updated information. If you are a C corporation that elects to be an S corporation, or if you no longer are an exempt person, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a recipient, 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.

Civil penalty for failure to cooperate with withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $50 penalty.

Criminal penalty for making false statement. If a false statement or representation is made under penalty of perjury, you are subject to criminal penalties including fines and imprisonment.

Marginal notes for Form 3520. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without inheriting the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. If the account is in joint names, list first, then, and circle, the name of the person or entity whose number you entered in Part I of the form.

Additional names. Enter any other name shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as" (DBA) name on the "Business name/descriptor entity name" line.

Disconnected entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-3(b)(1). Enter the owner’s name on the "Name" line. The name of the entity entered on the "Name" line should not be a disconnected entity name. The name is the "Name" line on the W-9 that is the owner’s name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity has a single member that is a U.S. person, the U.S. person’s name is required to be provided in the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on the "Business name/descriptor entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-9 that is filed at a U.S. foreign tax.

Note: The appropriate tax classification of the person whose name is entered on the "Name" line (Individual, Sole Proprietor, Partnership, C Corporation, S Corporation, Trust/Trustee) for the FATCA reporting requirements (for reportable accounts for financial institutions) for the Foreign Account Tax Compliance Act (FATCA). If the person identified on the “Name” line is an LLC, please specify if the LLC is treated as a separate taxable entity or as a disregarded entity for federal tax purposes. If the LLC is treated as a separate taxable entity, the LLC must complete an appropriate Form W-9 that is filed at a U.S. foreign tax. If the LLC is disregarded as an entity separate from its owner, the owner must complete an appropriate Form W-9 that is filed at a U.S. foreign tax.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the "Exemptions" box, any codes that may apply to you. See Exemption page codes and Exemption from FATCA reporting codes on page 3.

Form W-9 (Rev. 8-2019)
Exempt payee codes. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made at account of payment card or third-party network transactions.

Note. If you are exempt from backup withholding, you should still complete the Form to avoid possible erroneous backup withholding.

If the payee is a nonresident alien and you do not have and are not eligible to get an EIN, your payee is your IRS Individual Taxpayer Identification Number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have a TIN, you may enter either your EIN or TIN. However, the IRS prefers that you use your EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on page 5), enter the owner’s EIN or BSN. If the owner has none, do not enter this disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the LLC’s EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an EIN, get Form SS-4, Application for an Employer Identification Number, for a TIN, or Form SS-4-A, Application for Employer Identification Number, for an EIN. You can apply for an EIN online by accessing the IRS website at IRS.gov/appendix/efiling and selecting On Employer Identification Number (EIN) under starting a business. You can get Forms W-7, B, and 404-A from the IRS by calling 1-800-TAX-FORM (1-800-829-3676).

If you are a complex entity and do not have a TIN, it is not necessary to apply for one. If one is required, the TIN required for this return is the TIN required for the TIN return. The IRS does not apply to other types of payments. You will now be subject to backup withholding on all payments at the time you provide your TIN to the payee.

Note. Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Box 10: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish the withholding agent that you are a U.S. person, or nonresident alien, sign Form W-8. You must be requested to sign by the withholding agent even if you are not liable for the excise tax by a financial officer of the United States or any other entity. The person requesting the signature must be a foreign financial institution. Therefore, if you are not requesting the TIN, you should not have submitted the TIN return. The TIN return must be submitted for the calendar year of the company. The TIN return must be submitted to the designated agent in the United States. The TIN return must be submitted to the proper authority.

If you are a sole proprietor and you have a TIN, you may enter either your EIN or TIN. However, the IRS prefers that you use your EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on page 5), enter the owner’s EIN or BSN. If the owner has none, do not enter this disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the LLC’s EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an EIN, get Form SS-4, Application for a Social Security Card, from your local Social Security administering office. If you get this form online at www.ssa.gov, you may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for a TIN, or Form SS-4-A, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at IRS.gov/appendix/efiling and selecting On Employer Identification Number (EIN) under starting a business. You can get Forms W-7, B, and 404-A from the IRS by calling 1-800-TAX-FORM (1-800-829-3676).

If you are a complex entity and do not have a TIN, it is not necessary to apply for one. If one is required, the TIN required for this return is the TIN required for the TIN return. The IRS does not apply to other types of payments. You will now be subject to backup withholding on all payments at the time you provide your TIN to the payee.

Note. Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Box 10: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish the withholding agent that you are a U.S. person, or nonresident alien, sign Form W-8. You must be requested to sign by the withholding agent even if you are not liable for the excise tax by a financial officer of the United States or any other entity. The person requesting the signature must be a foreign financial institution. Therefore, if you are not requesting the TIN, you should not have submitted the TIN return. The TIN return must be submitted for the calendar year of the company. The TIN return must be submitted to the designated agent in the United States. The TIN return must be submitted to the proper authority.

If you are a sole proprietor and you have a TIN, you may enter either your EIN or TIN. However, the IRS prefers that you use your EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on page 5), enter the owner’s EIN or BSN. If the owner has none, do not enter this disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the LLC’s EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an EIN, get Form SS-4, Application for a Social Security Card, from your local Social Security administering office. If you get this form online at www.ssa.gov, you may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for a TIN, or Form SS-4-A, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at IRS.gov/appendix/efiling and selecting On Employer Identification Number (EIN) under starting a business. You can get Forms W-7, B, and 404-A from the IRS by calling 1-800-TAX-FORM (1-800-829-3676).

If you are a complex entity and do not have a TIN, it is not necessary to apply for one. If one is required, the TIN required for this return is the TIN required for the TIN return. The IRS does not apply to other types of payments. You will now be subject to backup withholding on all payments at the time you provide your TIN to the payee.

Note. Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Box 10: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

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Box 10: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.
### What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>give name and SSN or:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>This individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The actual owner of the account or, if consolidated funds, the first individual on the account</td>
</tr>
<tr>
<td>3. Custodian account of a minor</td>
<td>The minor</td>
</tr>
<tr>
<td>4. Trust (if trust is revocable)</td>
<td>The grantor (trustee)</td>
</tr>
<tr>
<td>5. Custodian account of an minor (under 18 or incapacitated)</td>
<td>The actual owner</td>
</tr>
<tr>
<td>6. Inter vivos trust</td>
<td>The owner</td>
</tr>
<tr>
<td>7. Irrevocable trust</td>
<td>This grantor*</td>
</tr>
<tr>
<td>8. Community, joint, or tenancy by the entirety</td>
<td></td>
</tr>
<tr>
<td>9. Corporation or LLC existing on May 10, 1954</td>
<td>Legal entity</td>
</tr>
<tr>
<td>10. Partnership</td>
<td>The corporation</td>
</tr>
<tr>
<td>11. Trust, estate, or personal trust</td>
<td>The organization</td>
</tr>
<tr>
<td>12. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The partnership</td>
</tr>
<tr>
<td>13. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The broker or nominee</td>
</tr>
<tr>
<td>14. Trust or estate</td>
<td>The public entity</td>
</tr>
</tbody>
</table>

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### 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, to commit fraud or other crimes. An identity thief may use your SSN to get a job or to open a bank account or a credit card account.

To reduce your risk:

- Protect your SSN.
- Ensure you are not using an identity that is similar to your own.
- Be careful when using your phone or computer online.
- If your tax records are not currently affected by identity theft but you think you are at risk due to a theft or other breach of security, you should contact the IRS Identity Theft Hotline at 1-800-829-4432 or visit Form 1040X.

For more information, see Publication 4383, Identity Theft Prevention and Victims Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are needing help in receiving benefits, may be eligible for Taxpayer Advocacy Service (TAS) assistance. You can request TAS by calling the IRS toll-free telephone service line at 1-877-777-4778 or 1-866-968-1147.

If you suspect someone is using your personal information, you should protect yourself from suspicious scams or identity theft. A fraud crime is a crime of misrepresentation or concealment of material facts, designed to induce a person to give the property of another person or to do or forbear to do something.

### Privacy Act Notice

Section 7805 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or other income paid to you; mortgage interest paid; the acquisition or abandonment of property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting the information on the form to file information returns with the IRS shall not release any information to a third party except as required by law. The IRS does not request personal information through email or hard copy correspondence.

The IRS does not request personal information through a call to their toll-free number. If you receive a suspicious email claiming to be from the IRS, forward the message to phishing.com. You may also report it to the Federal Trade Commission at identitytheft.gov or contact them at 1-877-438-4339.
C) Automated Clearing House Form

**Section A**

<table>
<thead>
<tr>
<th>Vendor Name*</th>
<th>EIN or SSN*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Number*</td>
<td></td>
</tr>
</tbody>
</table>

**Address**

<table>
<thead>
<tr>
<th>Vendor Contact Name*</th>
<th>Vendor Contact Phone Number*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alternative Phone Number</td>
</tr>
</tbody>
</table>

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled 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:

<table>
<thead>
<tr>
<th>Bank/Financial Institution Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(to be reviewed and signed by Vendor’s Financial Institution)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank/Financial Institution Name</th>
<th>Account Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Branch Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9-Digit Transit Routing Number

<table>
<thead>
<tr>
<th>Bank’s ACH Coordinator Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>U.S. Checking</th>
<th>U.S. Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature & Title of Banking Official

Print Name & Title

Notice: All vendors must have a W-9 on file with the District of Columbia
D) Program Budget and Budget Justification Template

**Department of Health Care Finance**
Budget Projection [RFA #Grant Name]

<table>
<thead>
<tr>
<th>Initiative #1</th>
<th>Insert brief description</th>
<th>SUBTOTAL 0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiative #2</th>
<th>Insert brief description</th>
<th>SUBTOTAL 0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiative #3</th>
<th>Insert brief description</th>
<th>SUBTOTAL 0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiative #4</th>
<th>Insert brief description</th>
<th>SUBTOTAL 0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiative #5</th>
<th>Insert brief description</th>
<th>SUBTOTAL 0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Description</td>
<td>Direct Expenses</td>
</tr>
<tr>
<td>001</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>002</td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

DIRECT EXPENSE TOTAL: $0.00
INDIRECT EXPENSE TOTAL: $0.00
GRAND TOTAL: $0.00
INDIRECT RATE: #DIV/0!

Prepared By:
Telephone:
E) DHCF RFA Receipt

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

Application Receipt

RFA: Hospital Discharge Innovations to Improve Care Transitions

** 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: _________________________________