



# **REQUEST FOR APPLICATIONS**

## **CRITICAL ACCESS GRANT**

Open Date: April 21, 2017

Close Date: May 22, 2017, 4:00pm



Department of Health Care Finance  
441 4<sup>th</sup> St. NW, Suite 900S  
Washington, DC 20001  
TEL: (202) 442-4790

***LATE APPLICATIONS WILL NOT BE ACCEPTED***

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## Section I: Funding Opportunity Description

### A) Background and Purpose

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

The availability of a secure provider network is critical to maintaining adequate access to necessary health care services and for ensuring continuity of care, in alignment with the agency's mission. When the stability of a provider network is threatened due to circumstances beyond its control, the Director of DHCF has authority pursuant to the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; DC Official Code § 7-771.01 *et seq.*), to issue grants to maximize the well-being and quality of life for eligible low-income individuals and other populations in administering responsive, effective, and efficient health care, and to support health care delivery. This authority allows DHCF to maintain sufficient provider participation in the Medicaid and the Alliance programs and to mitigate any potential impact to beneficiaries.

To that end, DHCF is currently offering a grant to maximize the well-being and quality of life for eligible low-income individuals and other populations by strengthening the network of providers that deliver responsive, effective, and efficient health care.

Despite DC General's closing in 2001, the District chose to maintain its primary care and specialty care outpatient Ambulatory Care Center (ACC), as well as multiple outpatient primary care clinics, previously referred to as Public Benefit Corporation (PBC) clinics. Through the use of prior grants, the District has been able to maintain operations at these sites and ensure the continuity of care received by residents who utilize these locations.

The purpose of the Department of Health Care Finance’s Critical Access Grant is to provide funding to maintain appropriate provider participation in the Medicaid and Alliance programs and to mitigate any potential impact to beneficiaries that would occur in the event of decreased provider participation.

**B) Key Dates and Information**

RFA Release Date	Friday, April 21, 2017
Application Deadline Date	Monday, May 22, 2017
Application Deadline Time	4:00 p.m.
Award Announcement	Tuesday, May 30, 2017
Grant Period of Performance	Date of Award through September 30, 2017

**C) Purpose of RFA**

The purpose of the Critical Access Grant is to solicit applications from qualifying District health care providers for maintenance of the health care provider network that serves low-income Medicaid and D.C. Health Care Alliance beneficiaries utilizing the former DC General’s primary care and specialty care outpatient Ambulatory Care Center (ACC), as well as the multiple outpatient primary care clinics, formerly known as Public Benefit Corporation clinics.

**D) Available Funding**

The total amount of funds available for this award shall not exceed \$2,700,000 (two million seven hundred thousand dollars) and is subject to the availability of funds. The funds for this grant are being made available through District locally appropriated funds.

**Section II: Award Information**

**DHCF will provide one (1) grant to a single qualified applicant** who is able to maintain or increase service availability at the former DC General’s primary care and specialty care outpatient Ambulatory Care Center (ACC), as well as the multiple outpatient primary care clinics, formerly known as Public Benefit Corporation (PBC) clinics.

A grant in an amount not to exceed two million seven hundred thousand dollars (\$2,700,000.00) will be available for one (1) awardee. The grant period will be from June 30, 2017 to September 30, 2017.

For further information, please contact the grant administrator:

Angelique Martin  
Department of Health Care Finance  
441 4<sup>th</sup> St NW, Suite 900S  
(202) 442-9061  
[angelique.martin@dc.gov](mailto:angelique.martin@dc.gov)

### **Section III: Eligibility Requirements**

#### **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. Additionally, applicants shall be able to show proof of the following eligibility requirements to submit an application for this grant:

1. Be an established D.C. Medicaid provider who currently delivers primary care services to Medicaid and Alliance beneficiaries, at multiple sites, either privately owned or leased;
2. Operate at least one site located in the Southeast quadrant of Washington, D.C.;
3. Must have previously received a local grant from the D.C. Department of Health (DOH) to provide primary and/or specialty care services at the former DC General's Ambulatory Care Center (ACC) and the former Public Benefit Corporation clinic sites; and
4. Can demonstrate financial hardship due to DOH's Fiscal Year 2014 discontinuance of a local grant (referenced in Section III.(A)(3)) that was previously awarded to address the cost of operating the former Public Benefit Corporation clinic sites.

**Failure to meet any one of the criteria above may deem the applicant an unqualified organization and ineligible for further review and award.**

## **B) Administrative Criteria**

To be considered for review and funding, applications shall meet all of the administrative criteria listed below.

1. The application proposal format conforms to the “Proposal Format and Content” listed in Section V.C.1 of the RFA.
2. The application is printed on 8 ½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins, with all pages numbered.
3. Narrative for Section V.B.2 shall not exceed 25 pages. *NOTE: Attachments and appendices do not count towards the page limit.*
4. The Budget Narrative and Budget Justification are complete and consistent with the Budget Form listed as **Attachment A** of the RFA. The line item budget narrative describes the categories of items proposed.
5. The Certifications and Assurances listed in **Attachments B** and **C** are signed and dated.
6. Application must be submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, and project name using the DHCF Receipt (See **Attachment D**). **Unsealed and unidentified applications will not be accepted.**
7. 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 to the Grant Administrator.
8. The application must be submitted no later than 4:00 p.m., Eastern Standard Time (EST) by the deadline date of May 22, 2017 to DHCF c/o Angelique Martin, 441 4<sup>th</sup> St. NW, Suite 900S, Washington, DC 20001.

**Failure to meet any one of the criteria above may deem the applicant an unqualified organization and ineligible for further review and award.**

## C) Insurance

During the Term of this Agreement, Grantee shall maintain the following types of insurance and comply with the following requirements:

1. **General Requirements.** Grantee shall procure and maintain, during the entire period of the Agreement, the types of insurance specified below. Grantee shall have its insurance broker or insurance company submit to the District certificates of insurance and copies of the declarations pages evidencing all of the required coverage prior to performance under this Agreement. All insurance shall be written with financially responsible companies authorized to do business in the District of Columbia or in the jurisdiction where the work is to be performed (if applicable) and have an A.M. Best Company rating of A-VIII or higher. Grantee shall require all of its sub-grantees (if applicable) and agents to carry the same insurance required herein. The Grantee shall ensure that all policies provide that DHCF shall be given thirty (30) days prior written notice in the event the stated limit in the declaration page of the policy is reduced via endorsement or the policy is canceled prior to the expiration date shown on declarations pages. Grantee shall provide the District with ten (10) days prior written notice in the event of nonpayment of premium. All insurance provided by the Grantee as required by this section, except comprehensive automobile liability and workman's compensation insurance, shall set forth the District of Columbia as an additional insured.
2. **Commercial General Liability Insurance.** Grantee shall provide evidence satisfactory to DHCF with respect to the services performed that it carries the following commercial general liability insurance: \$1,000,000 per occurrence limits and \$2,000,000 aggregate; Bodily Injury and Property Damage (including but not limited to Premises-operations), broad form property damage, Products and Completed Operations, Personal and Advertising Injury, and contractual liability and independent contractors coverage. Such policies shall be primary and non-contributory with any other insurance maintained by the District of Columbia, and shall contain a waiver of subrogation.
3. **Automobile Liability Insurance.** Grantee shall provide automobile liability insurance to cover all owned, hired or non-owned motor vehicles used in conjunction with the performance of this contract. The policy shall provide a



\$1,000,000 per occurrence combined single limit for bodily injury and property damage.

4. Workers Compensation Insurance. The Grantee shall carry workers' compensation insurance covering all of its employees upon the premises and in connection with its other operations pertaining to the grant. The Grantee shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia or another State if the grant work is performed outside the District of Columbia.
5. At its option, the Grantee may maintain the above stated minimum levels of insurance through a self-insurance plan. Should this option be exercised, the Grantee is relieved of responsibility to comply with paragraph F of this Article; however, the Grantee shall certify in writing to the Grant Administrator/ his or her agent that coverage is maintained through a self-insurance plan.

#### **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 District licensing and tax laws and regulations.

1. The Applicant must submit a current completed W-9 form (See **Attachment E**) prepared for the U.S. Internal Revenue Service (IRS). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date.
2. The tax exemption affirmation letter is the IRS' determination letter of non-profit status. If this letter is not available, then the Applicant should provide its most recent IRS Form 990 tax return, if one was submitted. If no return has yet been filed, the organization can submit its application for tax-exempt status. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.
3. The Applicant shall comply, where applicable, with any federal and District licensing requirements.

### **E) Statement of Certification**

Applicant shall submit a Statement of Certification (See **Attachment B**), 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. The individuals, by name, title, address, and phone number who are authorized to negotiate with the DHCF 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 by the Grant Administrator;
4. All costs incurred under this grant must be in accordance with the Office of Management and Budget (OMB) Circular A-122, "Cost Principles for Non-Profit Organizations."
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.5. 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 D.C. Code § 1-328.15 and has not made a contribution or solicitation for contribution to a covered recipient, as defined in D.C. Code § 1-328.11, during a period of time that would make the recipient ineligible to receive this grant.
8. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. The 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 Grant Administrator, 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 § 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.

**F) Certificate of Good Standing**

Applicant shall represent that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction it is organized or licensed, and it, its employees, agents, sub-grantees, representatives and members of its workforce are licensed and in good standing with the applicable agency, board, or governing body to perform its obligations. It shall also represent that it, its employees, agents, sub-grantees, representatives, and members of its workforce are in good standing with the District of Columbia, that it, its employees, agents, subcontractors, representatives and members of its workforce will submit a Certification of Good Standing from the District of

Columbia Department of Consumer and Regulatory Affairs, and that it, its employees, agents, sub-grantees, representatives, and members of its workforce have not been debarred from being employed as a Grantee by the federal government of District of Columbia.

### **G) Financial Statements**

Upon request, the applicant shall submit the results of an annual, single, or program-specific audit as part of their application in accordance with the Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations." The audit shall be performed by an independent auditor in accordance with generally accepted government auditing standards. The audit shall include funds passed through the Grantor and expended by the Grantee.

Upon request, an applicant shall provide a copy of its most recent and complete set of audited or unaudited financial statements or if audited financial statements have never been prepared due to the size or newness of an organization, the applicant shall provide, at a minimum, an Organizational Budget, an Income Statement (or Profit and Loss Statement), and a Balance Sheet certified by an authorized representative of the organization, and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.

Upon request, the applicant shall provide evidence of being a legally-authorized entity (e.g., 501(c)(3) determination letter) and a current business license, if relevant for the applicant's business status and any correspondence or other communication received from the IRS within the three (3) years before submission of the grant application that relates to the applicant's tax status.

### **H) RFA Terms and Conditions**

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on continued funding from the grantor. 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; and
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; all applicable federal and District regulations; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any other special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
8. Any and all data requested by DHCF and provided during the contract term shall be made available in a format as requested and/or approved by DHCF.
9. 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.

#### **Section IV: Scope of Work**

In addition to the requirements set forth in Section III, each applicant responding to this RFA must demonstrate their capacity to collaborate with relevant District government entities. The successful applicant shall be prepared to provide these services, working in conjunction with

District agencies and any associated contractor or subcontractor as necessary to complete this work.

The objectives of the grant are to:

- Maintain or increase service availability of services at the Ambulatory Care Center and the former Public Benefit Corporation Clinic sites;
- Ensure beneficiaries receive quality services; and
- Provide comprehensive care to patients.

The funding may be used to:

- Expand service hours;
- Hire or contract with additional providers; or
- Pay for other costs associated with operations.

## **Section V: Application and Submission Information**

### **A) Application Delivery**

Applications are due no later than 4:00 p.m., Eastern Time (ET) on Tuesday, May 22, 2017, to DHCF, c/o Angelique Martin 441 4<sup>th</sup> St. NW, Suite 900S, Washington, DC 20001. Applications will not be accepted by email or fax.

Applications must be submitted in person and must be submitted in their entirety, including any supplemental documents as indicated in Section III. 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.

### **B) Application Requirements**

#### **1. Proposal Format and Content**

- a. Table of Contents
- b. Project Narrative
- c. Budget Narrative and Budget Justification (as described in Section V. B.3)
- d. Appendices

Appendix 1: IRS letter of non-profit corporation status

Appendix 2: Organizational Chart

Appendix 3: Proposed staff job descriptions

- Appendix 4: District of Columbia Business License
- Appendix 5: Certificate of Good Standing
- Appendix 6: Completed W-9 Form
- Appendix 7: Completed Automated Clearing House Form

## 2. Program Narrative

The narrative section (which is limited to 25 pages) must describe the applicant's organizational history and experience providing health care, specifically in the District of Columbia. This section shall articulate how the applicant plans to meet all requirements and objectives captured in the RFA and the Scope of Work. This includes addressing the following areas as detailed below:

- a. Background and Needs: Describe your organization's history and experience as a health care provider as well as your understanding about the history of the ACC and PBC sites. The ideal narrative will clearly outline the operational needs of the sites and the applicant's projected goals for these locations. Use both quantitative and qualitative data to support projected goals and targets.
- b. Work Plan and Data Support: Describe your plan, process, and approach to establishing a work plan. Describe the services that will be provided at the ACC and each PBC location. Applicant's work plan must describe the services to be provided at each location, indicate how District residents obtain access to those services, and highlight what controls are in place to ensure quality services are provided. The work plan must be supported by data and include information such as site location, patient profile, services currently offered and the size and make-up of clinical staff. For each service, describe the intended patient population, including defining characteristics or eligibility requirements, the overall size of the population, the estimated number of patients to be served, and the number of patient visits to be provided. Please provide data sources and any other justifications for patient/visit calculations. Description should include a list of any equipment, outreach activities, organizational resources, and sustainability plans that will be needed.
- c. Organizational Capacity/Staffing Information: Applicant must describe its experience in serving DC residents who utilize the ACC and PBC



sites. Applicant must provide the organization's current annual operating budget, including revenue and expenditures by source. Applicant must provide relevant information on the licensed medical and qualified non-medical staff that will be providing services at the PBC sites. At a minimum, the information includes the number of FTEs and description of each position.

### **3. Budget Narrative and Budget Justification**

The applicant shall provide a line-item budget and budget narrative justification (see Attachment A). The budget narrative justification shall clearly state how the applicant arrived at the budget figures and must be directly aligned with the work plan and project description. The narrative shall demonstrate the precise nature of the financial hardship.

### **C) Funding Restrictions**

Any award associated with this RFA is limited to the availability of locally appropriated District funds.

## **Section VI: Application and Review Information**

### **A) Criteria**

All applicants for this RFA will be objectively reviewed and scored as follows:

#### **1. Project Narrative (Total of 75 points)**

##### **a. Background and Needs (25 points)**

- i. Background: Applicant describes its organization's history and experience as a health care provider, as well as history of the PBC sites.
- ii. Understanding of PBC Sites: Applicant conveys a clear understanding of the operational needs required by the PBC sites.
- iii. Project Goals: Applicant clearly explains its projected goals and the expected results and benefits to District residents.

##### **b. Work Plan and Data Support (25 points)**

- i. Work Plan: Applicant provides a summary of the services that will be provided at each PBC location; discusses how to ensure District residents have access to those services; and what controls will be put in place to ensure quality services are

provided (e.g. collaboration with others, hours of operation, quality improvement plan, case management services, follow-up, etc.).

ii. Data Support: Applicant supports work plan with data on the target population that would be served at the PBC sites and the projected number of visits for each location. Any assumptions used in developing the target population and number of visits are explained.

c. **Organizational Capacity/Staffing Information (25 points)**

i. Applicant provides relevant information on the licensed medical and qualified non-medical staff that will be providing services at the PBC sites. At a minimum, the information includes the number of FTEs and description of each position.

2. **Budget Narrative/Budget Justification (25 Total of points)**

a. Applicant includes the specific costs associated with operating the PBC clinic sites. At a minimum, cost items such as salaries and wages, benefits, supplies and the applicable indirect overhead amount should be listed in the budget narrative/justification.

b. Applicant provides a data-informed justification of financial hardship that requires grant funding.

## **B) Review and Selection Process**

All applications that are complete and meet the requirements listed in Section III will be reviewed and scored by a panel of internal or external reviewers who are neutral, qualified, professionals selected by the DHCF Office of the Director. The panel will review, score, and rank each applicant's proposal based on the criteria outlined in the RFA. Scoring and the recommendations of the review panel are advisory.

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

**Chart 1 – RFA Evaluation Classification**

<b>Ranking Classification</b>	<b>Point Range</b>
<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 individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee will be selected from among the applications that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DHCF will then select from the “Very Qualified,” followed by the “Qualified” categories.

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

**C) Anticipated Announcement and Award Dates**

The anticipated announcement date is May 30, 2017. The anticipated date of award is June 30, 2017.

**Section VII: Award Information**

**A) Award Notices**

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

**B) Programmatic and Administrative Requirements**

The Grantee will be held to strict milestones and requirements developed by DHCF, in order to receive the full amount of the grant, which shall include, at a minimum:

1. Performance Standards and Quality Assurance: DHCF may conduct, and the grantee shall participate in, a quality assurance evaluation conducted by DHCF staff and/or contractors to determine the appropriateness, quality, and timeliness of service delivery. These activities may include, but are not limited to, site visits, client surveys, unit cost analyses, program/fiscal assessments, or other data collection activities.
  
2. Performance Monitoring: To ensure responsible oversight of the funded project and its implementation by the Grantee, and to provide support for the Grantee, DHCF may:
  - a) Conduct within 30 days of the signing of this Agreement, a risk/capacity-assessment in order to establish a monitoring plan for the Grantee in accordance with requirements, procedures and tools in accordance with standards outlined in the City-Wide Grants Manual. The results of this review shall be shared by the Grant Administrator or his/her designee with the Grantee.
  - b) Monitor the performance of the Grantee in the implementation of the funded program in accordance with the terms of this Agreement.
  - c) Assign staff persons to monitor the project, including but not limited to, reviewing programmatic reports, conducting programmatic site visits/inspections, and holding periodic conferences with the Grantee to assess the Grantee's performance in meeting the requirements of this Agreement.
  - d) The Grant Administrator may also review all written policies and procedures applicable to the Project, review all financial reports, conduct administrative site visits/inspections, and hold periodic conferences with the Grantee and the Program Monitor to assess the Grantee's performance in meeting the requirements of this Agreement.
  - e) Assess the Grantee's performance with respect to the number of people served, quality of the services delivered, and the Grantee's ability to deliver services according to the terms of the Agreement.
  
3. Close-Out Report: The Grantee will be required to submit a final Programmatic Report no later than 30 days after expiration or termination of the Grant Agreement. The Programmatic Report shall include a year-end accounting of grant expenditures.

### **C) Document Retention**

The Grantee will be required to retain all financial records for a period of no less than 7 (seven) years, beginning on the date of grant disbursement.

### **D) Payment**

Upon award, DHCF shall provide funding to the Grantee according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. All payments associated with this grant will be made through an Automated Clearing House (See **Attachment F**). The Grantee will be reimbursed within 30 days of DHCF's receipt of the Request for Funding document.

### **Section VIII: DC Agency Contacts**

For additional information regarding this RFA, please contact Angelique Martin, Grant Administrator, via email at [angelique.martin@dc.gov](mailto:angelique.martin@dc.gov) or by phone at (202) 442-9061.

# ATTACHMENTS

## Attachment A – Example of Budget Narrative and Budget Justification

### Department of Health Care Finance

Budget Projection [RFA # DHCF-CAG-2017]

GRANT SPENDING PLAN				
GRANT NAME	CRITICAL ACCESS GRANT			
RFA INITIATIVE	DESCRIPTION	PLANNED BUDGET	BUDGET NARRATIVE / JUSTIFICATION	
<i>Patient Visit and Utilization Data</i>	This section should provide data on the target population that would be served and the projected number of visits for each location. Any assumptions used in developing the target population and number of visits should be explained.	TOTAL: 0.00		
<b>SUB-TASKS</b>				
	#	Description	Sub-Total	Narrative / Justification
	001		0.00	
	002		0.00	
	Etc		0.00	
<i>Primary Care Services</i>	This section should provide a summary of the services that will be provided at each PBC location. Applicants should also discuss how they will ensure District residents have access to the listed services and controls in place to ensure quality services is provided. e.g. collaboration with others, hours of operation, quality improvement plan, case management services and follow-up, etc.	TOTAL: 0.00		
<b>SUB-TASKS</b>				
	#	Description	Sub-Total	Narrative / Justification
	001		0.00	
	002		0.00	
	Etc		0.00	
<i>Staffing Information</i>	This section should provide relevant information on the licensed medical and qualified non-medical staff that will be providing services at the PBC sites. At a minimum, the information provided should include the number of FTEs and description	TOTAL: 0.00		
<b>SUB-TASKS</b>				
	#	Description	Sub-Total	Narrative / Justification
	001		0.00	
	002		0.00	
	Etc		0.00	
<b>SUB-TASKS</b>				
<b>GRAND TOTAL:</b>			<b>\$0.00</b>	
Prepared By:				
Telephone:				

**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. Code § 1-328.15 and has not made a contribution or solicitation for contribution to a covered recipient, as defined in D.C. Code § 1-328.11, during a period of time that would make the recipient ineligible to receive this grant.
- 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.

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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**

\_\_\_\_\_  
**Street Address**                      **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

\_\_\_\_\_  
**RFA Number**

\_\_\_\_\_  
**Applicant IRS Number**

**Signature:** \_\_\_\_\_  
**Name and Title of Authorized Representative**

**Date:** \_\_\_\_\_

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



**Federal Assurances**

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
  
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication

from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (P.L. 97-348) dated October 19, 1982, (16 USC 3501 et. seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
  - a) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191
  - b) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
  - c) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)

- d) The Clean Air Act (Sub-grants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
- e) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et. seq.)
- f) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
- g) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
- h) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
- i) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
- j) Executive Order 12459 (Debarment, Suspension and Exclusion)
- k) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- l) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- m) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- n) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- o) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- p) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)

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As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above Federal statutes, regulations, policies, guidelines and requirements.

\_\_\_\_\_  
**Applicant/Grantee Name**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**RFA Number**

\_\_\_\_\_  
**Applicant IRS Number**

Signature: \_\_\_\_\_  
**Name and Title of Authorized Representative**

Date: \_\_\_\_\_

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



**Application Receipt**

**RFA TITLE:** Enhanced Health Information Exchange Program  
(RFA # DHCF-HIE-2016)

**\*\*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: \_\_\_\_\_

Form <b>W-9</b> (Rev. August 2013) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b>	<b>Give Form to the                  requester. Do not                  send to the IRS.</b>
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.)		Requestor's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										
				-						

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

Employer identification number								
				-				

**Part II Certification**

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on [irs.gov](http://irs.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) 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 paid, 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 correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (for you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to 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 federal tax purposes, you are considered a U.S. person if you are:

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

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate instructions for the Requestor of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the instructions for the Requestor of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, 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 tax exempt. In addition, 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 requester, 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 false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** 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 informing 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, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as 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/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded 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 Regulation section 301.7701-2(c)(2)(ii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the 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 for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on 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/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code on page 3.

**Exempt payee code.** 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 in settlement of payment card or third party network transactions.

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

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

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its Instructions.  
<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(ii)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(ii)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN 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 an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity'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 SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://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 an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [irs.gov](http://irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 90 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 90-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

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

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

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see Exempt payee code earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.



**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>4</sup>
6. Grantor trust filing under Optional Form 1066 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1066 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

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 may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@ftc.gov](mailto:spam@ftc.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 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 certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

Attachment F – 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*
Vendor Number*	
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**