**Attachments**

**List of Attachments**

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Attachment B: Applicant Profile

Attachment C: Applicant Receipt

Attachment D: Work Plan

Attachment E: Budget Format and Guidance

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Attachment F1: Department of Health Certifications

Attachment F2: Statement of Certification

Attachment G: Application Checklist

Attachment H: Organizational Services Summary

Attachment I: Executive Summary

**Attachment A: Letter of Intent**

Letter of Intent to apply for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from HAHSTA. Although a letter of intent is not required, this information will assist the HIV/AIDS, Hepatitis, STD and TB Administration in planning for the review process.

***Please fax your letter of intent to Stacey Cooper at (202) 671-4860 by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.***

The purpose of this letter is to inform you that our organization is interested in applying for funding under **RFA#HAHSTA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

**Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_Ward\_\_\_\_\_\_\_\_\_**

**Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Category Applying Under**

**(If you wish to apply to provide services to more than one service area you must note them on this letter of intent and submit no more than one application per organization.)**

**\_\_\_\_\_ Program Area A: Full Range Clinical Providers**

\_\_\_\_\_**Program Area B: Clinical Care Providers**

**\_\_\_\_\_Program Area C: Community Based Providers**

|  |  |
| --- | --- |
|  | **C1: Targeted HIV Testing and Linkage to Medical Care** |
|  | **C1a: Social Network Screening for MSM Populations**  |
|  | **C2: Condom Distribution among Target Populations** |
|  | **C3: Prevention for High-Risk Negatives or People of Unknown HIV Status** |



**ATTACHMENT B - Applicant Profile**

**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***TYPE OF ORGANIZATION***

Small Business\_\_\_\_\_\_\_\_\_\_\_\_ Non-Profit Organizations \_\_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**E-Mail Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Description:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUNS#**

**Program Area:**

***BUDGET***

**Total Funds Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACHMENT C: Applicant Receipt**

**District of Columbia, Department of Health**

**HIV/AIDS, Hepatitis, STD and TB Administration**

**899 North Capitol Street, NE**

**Washington, DC 20002**

**RFA#HAHSTA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH**

**HAHSTA PREVENTION AND INTERVENTION SERVICES IS IN RECEIPT OF:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Contact Name/Please Print Clearly)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Organization Name)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Address, City, State, Zip Code)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Telephone) (Fax) (E-mail Address)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Program Title- If applicable) (Amount Requested)**

Program Area for which funds are requested in the attached application:

*(Check Just one per Application)*

**\_\_\_\_\_ Program Area A: Full Range Clinical Providers**

\_\_\_\_\_**Program Area B: Clinical Care Providers**

**\_\_\_\_\_Program Area C: Community Based Providers**

|  |  |
| --- | --- |
|  | **C1: Targeted HIV Testing and Linkage to Medical Care** |
|  | **C1a: Social Network Screening for MSM Populations**  |
|  | **C2: Condom Distribution among Target Populations** |
|  | **C3: Prevention for High-Risk Negatives or People of Unknown HIV Status** |

|  |
| --- |
| [District of Columbia, Department of Health USE ONLY] |
| ORIGINAL PROPOSAL AND \_\_\_\_\_\_\_ (NO.) OF COPIES |
| RECEIVED ON THIS DATE: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/ 2012 |
| TIME RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **Agency:**  | **Program Period:**  |
| **Grant #:**  | **Submission Date:** |
| **Target Population /Service:** | **Submitted by:** |
| *Total Budget $* | **Telephone #** |
| **GOAL 1:** |
| Measurable Objectives/Activities: |
| **Process Objective #1:*[Example: By December 31, 2008, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 & 6]*** |
| Key activities needed to meet this objective: | Start Date/s: | Completion Date/s: | Key Personnel (Title) |
|  |  |  |  |
| **Process Objective #2:** |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  |  |  |  |
| **Process Objective #3:** |
| Key activities needed to meet this objective: | Start Dates: | Completion Dates: | Key Personnel (Title) |
|  |  |  |  |

**Please duplicate this page as needed for each Program Goal. Ensure that there are goals and objectives linked to each of the interventions covered under this grant.**

**Attachment E: Budget Format**

**Name of Organization Funding Source Service Area**

[Categorical Budget Format Provider.xls](file:///C%3A%5CUsers%5Ccoopers%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C6480KGMB%5CCategorical%20Budget%20Format%20Provider.xls) (Link to Categorical Budget Format)

**Personnel Schedule**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Option No. 1**  |  | **Option No. 2**  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Position**  | **Site**  | **Annual**  | **FTE**  | **Hourly**  | **Hours**  | **Monthly** |  **No.**  | **Budget**  | **Benefits**  | **Benefits**  | **TOTAL**  |
|  | **Title**  |  | **Salary**  |  | **Wage**  | **per**  | **Salary or**  | **of**  | **Amount**  | **Ratio**  | **Amount**  | **Budgeted**  |
|  |  |  |  |  |  | **Month**  | **Wage**  | **Mo.** |  | **%**  |  |  |
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**Consultant/Contractual**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item**  |  | **Site**  | **Unit**  | **Unit**  | **Cost**  | **Number**  | **Budget**  |
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|  |  |  |  |  |  |  | - |
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**Attachment E: Budget Format**

**Occupancy Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility**  | **Site**  | **Unit**  | **Unit Cost**  | **Number**  | **Budget**  |
|  |  |  |  |  |  |
| Rent  |  |  |  |  | - |
|  |  |  |  |  |  |
|  |  |  |  |  | - |
| Utilities (Gas/Electric/Water)  |  |  |  |  |  |
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| **TOTAL**  |  |  |  |  | - |

**Travel / Transportation Schedule**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item**  | **Site**  |  | **Unit**  | **Unit**  | **Cost**  | **Number**  | **Budget**  |
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**Supplies**

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| --- | --- | --- | --- | --- | --- | --- |
| **Item**  | **Site**  | **Unit**  | **Unit**  | **Cost**  | **Number**  | **Budget**  |
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**Attachment E: Budget Format**

**Capital Equipment Schedule**

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| --- | --- | --- | --- | --- | --- | --- |
| **Item**  | **Site**  | **Unit**  | **Unit**  | **Cost**  | **Number**  | **Budget**  |
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**Client Cost Schedule**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Item**  | **Site**  | **Unit**  | **Unit**  | **Cost**  | **Number**  | **Budget**  |
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**Communications Schedule**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Item**  | **Site**  | **Unit**  | **Unit**  | **Cost**  | **Number**  | **Budget**  |
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| **TOTAL**  |  |  |  |  |  |  | - |

**Attachment E: Budget Format**

**Other Direct Costs Schedule**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Item**  | **Unit**  | **Unit**  | **Cost**  | **Number**  | **Budget**  |
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| **TOTAL**  |  |  |  |  |  |  |

**Indirect Costs Schedule**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Item**  | **Unit**  | **Unit**  | **Cost**  | **Number**  | **Budget**  |
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| **TOTAL**  |  |  |  |  |  |  |  |  |

**Attachment F: Federal Assurances**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**

****Assurances**

The Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; 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 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.

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.

1. 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.
2. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.
3. 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.
4. 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:
	1. The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
	2. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
	3. The Clean Air Act (Subgrants over $100,000) Pub. L. 108–201, February 24, 2004, 42 USC cha. 85et.seq.
	4. 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.)
	5. The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
	6. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
	7. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
	8. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
	9. Executive Order 12459 (Debarment, Suspension and Exclusion)
	10. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
	11. Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
	12. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
	13. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
	14. District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
	15. District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)

**As the duly authorized representative of the Grantee/organization, I hereby certify that the Grantee will comply with the above assurances.**

**Grantee Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IRS/Vendor ID:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Representative**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Print Name & Title)**

**Signature:**

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

**Attachment F1: Department of Health Certifications**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**

****

**Certifications Regarding**

**Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace**

Grantees should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

**1. Lobbying**

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over $100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

(a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant 01 cooperative agreement;

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

**2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

***The Grantee certifies that it and its principals:***

A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and

D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. Drug-Free Workplace (Awardees Other Than Individuals)**

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The Grantee certifies that it will or will continue to provide a drug-free workplace by:

A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

B. Establishing an on-going drug-free awareness program to inform employee’s about:

1. The dangers of drug abuse in the workplace;
2. The Grantee's policy of maintaining a drug-free workplace;
3. Any available drug counseling, rehabilitation, and employee assistance programs; and
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

(5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).

(6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---

(7) Abide by the terms of the statement; and

(8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 825 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.

(10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---

(a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.

(c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (I), (c), (d), (e), and (1).

(11) The Grantee may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-

(12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

(13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002

**As the duly authorized representative of the Grantee/organization, I hereby certify that the Grantee will comply with the above certifications.**

Grantee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRS/Vendor ID: \_\_\_\_\_\_\_\_\_

Grantee Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name & Title)

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

**Attachment F2: Statement of Certification**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**

**Department of Health Statement of Certification**

1. The 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)
2. The Grantee 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. The 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)
5. That the Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. That, if required by the grant making Agency, the 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;
7. That the 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;
8. That the 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;
9. That the 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;
10. That the 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 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 Grantee’s performance to OPGS which shall collect such reports and make the same available on its intranet website.
11. That the Grantee has a satisfactory record of integrity and business ethics;
12. That the Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. That the Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. That the Grantee complies with provisions of the Drug-Free Workplace Act; and
15. That the Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
16. That the 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 subgrant 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 applications, I hereby certify that the applicant will comply with the above certifications.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grantee Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code**

**Application Number and/or Project Name Grantee IRS/Vendor Number**

**Typed Name and Title of Authorized Representative**

 **\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Attachment G: Application Checklist**

* The applicant organization/entity has responded to all sections of the Request for Application.
* **The applicant describes programs that are only for District residents in District venues.** These funds shall not be used for non-DC residents.
* **The applicant has submitted only one application per organization with multiple program activity plans, if applicable. Multiple applications from a single entity will be deemed ineligible and will not be reviewed.**
* The Applicant Profile, Attachment B, contains all the information requested and is affixed to the front of each envelope.
* The Proposed Budget is complete and complies with the Budget format listed in Attachment E of the RFA. The budget narrative is complete and describes the categories of items proposed.
* The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins. Applications that do not conform to this requirement will not be forwarded to the review panel.
* The application is unbound and submitted with rubber bands or binder clips only.
* One hard copy marked “original” with all attachments is in an individually sealed envelope. Applications will not be forwarded to the review panel if the applicant fails to submit the required submission.
* The application is submitted to the HAHSTA no later than 4:30 p.m. on the deadline date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* The project narrative section is complete and is within the page limit for this section of the RFA submission.
* The Certifications and Assurances, and all of the items listed on the Assurance Checklist, are complete and are included in the assurance package.
* The assurance packages are submitted marked “original.”
* The appropriate appendices, including Memoranda of Understanding, job descriptions; licenses (if applicable) and other supporting documentation are enclosed.

**Attachment H: Organizational Services Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Category** | **Provide Directly** | **Direct Linkage\* to Other Agency** | **If Direct Linkage, Established MOU (Yes/No), with whom?** |
| 1. Primary HIV Care (PLWHA) |  |  |  |
| 2. Medical Case Management (PLWHA) |  |  |  |
| 3. Case Management (non- Medical) (PLWHA) |  |  |  |
| 4. Substance Abuse Services  |  |  |  |
| 5. Mental Health Services |  |  |  |
| 6. Nutritional Services/Food Bank |  |  |  |
| 7. Emergency Financial Assistance |  |  |  |
| 8. Housing Services |  |  |  |
| 9. Prevention for PLWHA |  |  |  |
| 10. Support Groups |  |  |  |
| 11. Individual-Level Prevention, For persons who are HIV Negative/Unknown |  |  |  |

**Attachment H: Organizational Services Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Category** | **Provide Directly** | **Direct Linkage\* to Other Agency** | **If Direct Linkage, Established MOU (Yes/No), with whom?** |
| 12. Group-level Prevention Interventions, For persons who are HIV Negative/Unknown  |  |  |  |
| 13. Community-level Prevention Interventions, for persons who are HIV Negative/Unknown |  |  |  |
| 14. HIV Counseling, Testing, Referral |  |  |  |
| 15. STD Diagnosis and Treatment |  |  |  |
| 16. IDU risk reduction including Needle Exchange |  |  |  |
| 17. Condom distribution/Recruitment of Condom Distribution sites |  |  |  |
| 18. Childcare or Respite Services |  |  |  |
| 19. Transportation Services |  |  |  |
| 20. Outreach Services |  |  |  |
| 21. Legal Services |  |  |  |