

Eligibility Assurances

Financial Management and Administrative Service Division

February 14, 2023

Eligibility Checklist

- ❑ OTR Certificate of Clean Hands dated **with 60 days of the application due date**
- ❑ Current Business License/Certificate of Licensure or proof to transact business in local jurisdiction
- ❑ Certificate of Insurance
- ❑ Copy of Cyber Policy
- ❑ Assurances and Certifications
- ❑ For nonprofit only
 - Tax-Exempt Status Determination Letter 501(c)(3)
 - IRS 990 Tax Forms
 - Current List of Board of Directors, on letterhead, signed and dated by a certified official from the Board (cannot be the Executive Director) for nonprofit organizations

OTR Certificate of Clean Hands

□ OTR Certificate of Clean Hands

- To apply visit <https://otr.cfo.dc.gov>
- This is not a tax affidavit, and we will only accept this form from the Office of Tax and Revenue (OTR)
- The process is now SIMPLER, FASTER, and SAFER. If in compliance, a Certificate of Clean Hands will be generated “INSTANTLY!”
- HAHSTA will only accept a certificate dated within **60 days of the application due date**

□ Jurisdictions outside of the District (i.e., Maryland, Virginia, WVA)

- **Must register with OTR by filling form FR-500** to get a Clean Hands document.

**OTR
CERTIFICATE OF
CLEAN HANDS
DATED WITHIN
60 DAYS OF THE
APPLICATION
DUE DATE**



Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue

1101 4th Street, SW
Washington, DC 20024

Date of Notice: January 25, 2021

Notice Number: L0004720858

FEIN: **-***7652
Case ID: 676626



CERTIFICATE OF CLEAN HANDS

As reported in the Clean Hands system, the above referenced individual/entity has no outstanding liability with the District of Columbia Office of Tax and Revenue or the Department of Employment Services. As of the date above, the individual/entity has complied with DC Code § 47-2862, therefore this Certificate of Clean Hands is issued.

TITLE 47. TAXATION, LICENSING, PERMITS, ASSESSMENTS, AND FEES
CHAPTER 28 GENERAL LICENSE
SUBCHAPTER II. CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT
D.C. CODE § 47-2862 (2006)
§ 47-2862 PROHIBITION AGAINST ISSUANCE OF LICENSE OR PERMIT



Authorized By Marc Aronin
Chief, Collection Division


To validate this certificate, please visit MyTax.DC.gov. On the MyTax DC homepage, click the "Validate a Certificate of Clean Hands" hyperlink under the Clean Hands section.

1101 4th Street SW, Suite W120, Washington, DC 20024/Phone: (202) 724-5965/MyTax.DC.gov

Basic Business License, Certificate of Licensure or Proof to Transact Business in Local Jurisdiction

- District - Basic Business License
 - To apply visit DCRA's website <https://dcra.dc.gov>
 - If your entity is non-profit, the charitable organization/donation category must be reflected on the business license.
- Jurisdictions outside the District – Proof to transact business in their local area or the equivalent of a business license.
- Hospitals/Healthcare Facilities – Certificate of Licensure

**CURRENT
BUSINESS
LICENSE OR
CERTIFICATE OF
LICENSURE OR
PROOF TO
TRANSACT
BUSINESS IN
LOCAL
JURISDICTION**


GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Muriel Bowser, Mayor

Department of Consumer and Regulatory Affairs
 Business Licensing Division
 1100 4th Street S.W.
 Washington DC 20024


Date Issued : 03/05/2021
 Category : 4002
 License# : 65001047
 License Period : 03/01/2021 - 03/29/2023

BASIC BUSINESS LICENSE


Billing Name and Address : [REDACTED]
 Premise/Application's Name and Address : [REDACTED]
 Registered Agent's Name and Address : CLARE MOONEY
 2831 15th Street N.W.
 Washington DC 20009

Owner's Name :
 Corp. Name : [REDACTED]
 Trade Name :

CdFO/HDP# : C062666	SSL : 2669 0043	Zone : D/R-5-B	Ward : 1	ANC : 1B	PERM NO. :
UNITS : 1					


 General Business - Charitable Solicitation

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. License: DR-72492 8/1/2019-8/31/2021	CONTACT Name: Jessica Resto Phone: 202.447-5878 FAX: (442) 442-1111 E-Mail: jessica_resto@ajg.com Insuring Approved Coverage: NAIC # Agency A: Alliance of Nonprofits for Insurance Grp 10025 Agency B: Executive Risk Indemnity Inc. 35181 Agency C: Travelers Casualty and Surety Co of America 31194 Agency D: Underwriters at Lloyd's, London 15542 Agency E: Agency F:
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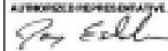
CERTIFICATE NUMBER: 1410042229

COVERAGES **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN COINED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAY CLAIMS.

FORM	TYPE OF INSURANCE	AGENCY	NAIC	POLICY NUMBER	INSURANCE PERIOD (FROM TO)	COVERAGE PERIOD (FROM TO)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR (SPLIT APPLICABLE LIMIT APPLIES FOR) <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> OCC <input type="checkbox"/> LOG (OTHER)	Y	T	20210418	8/07/2021	8/07/2022	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (3a occurrence): \$500,000 MED. EXP. (per person): \$50,000 PERSONAL & ADV. NEGLECT: \$1,000,000 CRIMINAL ACCIDENTS: \$1,000,000 PRODUCTS - COMPOUND: \$1,000,000
A	<input type="checkbox"/> AUTO <input type="checkbox"/> OWNED <input checked="" type="checkbox"/> AUTO-ONLY <input type="checkbox"/> AUTO-ONLY <input type="checkbox"/> BOBTALED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO-ONLY	Y	T	20210418	8/07/2021	8/07/2022	COVERAGE SCHEDULE 1 \$1,000,000 BODILY INJURY (per person): \$ BODILY INJURY (per accident): \$ PROPERTY DAMAGE (per accident): \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> (OTHER)	Y	T	20210418/UM	8/07/2021	8/07/2022	EACH OCCURRENCE: \$1,000,000 AGGREGATE: \$1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY APPLICABLE TO EMPLOYEES OF THE POLICYHOLDER (Mandatory in WA) (See 2020 WA 1007 LEGISLATION ON OPERATIONS)	Y	NA	2021070800	8/07/2021	8/07/2022	S.S. EACH ACCIDENT: \$1,000,000 S.S. DISEASE - CLAIMS ONLY: \$1,000,000 S.S. DISEASE - POLICY LIMIT: \$1,000,000
C	Cyber Liability Professional Liability Public Events-Nonstandard			102747801 1144412	8/09/2020 8/09/2020	8/07/2021 8/09/2021	Aggregate Each Occurrence Each Occurrence

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Add to this, Additional Items / Vehicles, may be attached if more space is required)
 The Government of the District of Columbia and District of Columbia Public Schools are Additional Insured with respect to claims arising out of the operations of the Named Insured. Coverage is primary and non-contributory. Waiver of Subrogation is included.

CERTIFICATE HOLDER The District of Columbia 441 4th St., Suite 8005 Washington DC 20001	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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COPY OF CYBER LIABILITY POLICY

CHUBB ACE American Insurance Company	Chubb Cyber Enterprise Risk Management Policy Declarations
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NOTICE: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.

AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.

IF YOU NEED URGENT CRISIS MANAGEMENT OR LEGAL ADVICE, PLEASE CONTACT: **Cyber Incident Response Coach Hotline at: 1-(800)-647-2865 or Press your 'Report Cyber Incident' button on the Chubb Cyber Alert Mobile application.**

Policy No: D95489946	Renewal of: D95489946 005
Item 1. Named Insured	[REDACTED]
Principal Address	[REDACTED]
Item 2. Policy Period	From: 05-01-2024 To: 05-01-2025 (12:01 AM local time at the address shown in Item 1.)

Item 3. Maximum Policy Limits of Insurance.	
A. Maximum Single Limit of Insurance	\$5,000,000
B. Maximum Policy Aggregate Limit of Insurance	\$5,000,000

Item 4. Limits of Insurance, Retentions and Insuring Agreement(s) Purchased. If any Limit of Insurance field for an Insuring Agreement is left blank or NOT COVERED is shown, there is no coverage for such Insuring Agreement.				
First Party Insuring Agreements				
A. Cyber Incident Response Fund	Each Cyber Incident Limit	Aggregate Limit for all Cyber Incidents	Each Cyber Incident Retention	
1. Cyber Incident Response Team	\$5,000,000	\$5,000,000	\$100,000	
			Except Cyber Incident	\$2,500

FR-48160 (09/16)

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ASSURANCES AND CERTIFICATIONS

APPLICANT ASSURANCES, CERTIFICATIONS & DISCLOSURES

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant/Grantee organization. These assurances and certifications reflect requirements for recipients of local and pass-through federal funding.

A. Applicant Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The 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 is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;

Tax-Exempt Determination Letter

- Applicable only to non-profit organizations
- Document is due annually and will remain current if the entity is in good standing with the IRS.
- For more information, please visit the website <https://www.irs.gov/charities-non-profits/application-process>

FOR NONPROFITS ONLY

TAX-EXEMPT DETERMINATION LETTER

Internal Revenue Service

Date: November 7, 2006

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
MS. K. HILSON ID# 31-07340
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:

Dear Sir or Madam:

This is in response to your request of November 7, 2006, regarding your organization's tax-exempt status.

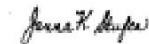
In October 1973 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janina K. Skufca, Director, TE/GE
Customer Account Services

IRS 990 Tax Form

Form	990	Return of Organization Exempt From Income Tax	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2020 Open to Public Inspection
		▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
A For the 2020 calendar year, or tax year beginning		, 2020, and ending	, 20
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
	City or town, state or province, country, and ZIP or foreign postal code		
	F Name and address of principal officer:		G Gross receipts \$
			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation:	M State of legal domicile:
Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		

List of Board of Directors

Current Term Board Members

- Provide a list on company letterhead for the current year or term.
- Must be **signed and dated** by a certifying official on the Board (excluding the Executive Director).

CURRENT LIST OF BOARD OF DIRECTORS, on letterhead, signed and dated by a certified official from the Board (cannot be the Executive Director)

2021 Board of Directors (Sample)

Brenda Ramsey-Boone
Title: Chair

Janice Walker
Title: Vice Chair

Carroll Ward
Title: Secretary

Monique Brown
Title: Treasurer

Rony Mohram
Title: Member

April Richardson
Title: Member

Tamika Ferrier
Title: Member

Selene Anniola
Title: Member

Cassandra Lewis
Title: Member

Certifying Official

Name: _____

Signature: _____

Date: _____

Application Submission Tool

ELECTRONIC GRANTS MANAGEMENT SYSTEM (EGMS)

- All applications must be submitted electronically via Department of Health's Enterprise Grants Management System (EGMS), web-based system for grant-making and grants management.
- In order to apply for funding, applicant organization must register in EGMS and establish an account for the authorized representative.
- Primary Account User is authorized to submit an application on behalf of the organization (verify active account status)
- Secondary Account Users cannot submit but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.




DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

 dchealth.dc.gov

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