



District of Columbia Department of Health Procedure Title: Ryan White Program Sub Recipient Report Card (External)		PROCEDURE 000.000 Implementing Office: HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) Care & Treatment Division Training Required: Yes Originally Issued: 07/14/2020 Revised/Reviewed: 4/29/2024
Program Approval:  _____ Ebony Fortune Ryan White Program Manager	Recipient Authorization:  _____ Avemaria Smith Ryan White Recipient	Effective Date: 5/14/2024 Valid Through Date: 12/31/2026

I. Authority	<p>Under the Ryan White HIV/AIDS Treatment Extension Act of 2009, DC Health serves as the Recipient of Ryan White Parts A and B funding, which gives them the authority to award funds to qualifying entities through sub-grants. The District Government Procurement Practices for Grants and are the Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award grants for the procurement of social, health, human, and education services directly to individuals in the District and the Reorganization Plan No. 4 of 1996; D.C. Official Code § 7-731 and Title 1, District of Columbia Municipal Regulations (DCMR). Chapter 50.</p> <p>The Ryan White legislation can be obtained at: http://hab.hrsa.gov/about/hab/legislation.html.</p>
II. Reason for the Policy	<p>The purpose of this policy document is to provide guidance on the implementation and use of a sub-recipient report card as a comprehensive performance measure and feedback mechanism for all Ryan White Program sub-recipients.</p>
III. Applicability	<p>This procedure applies to all DC Health Ryan White funded sub-recipient organizations. Separate report cards will be issued for Ryan White Part A and Ryan White Part B funding.</p>
IV. Definitions & Acronyms	<p>Aggregate: Time-saving accounting method that consolidates data from various sources.</p> <p>Budget: Breakdown of the estimated costs related to the approved funds of the award.</p> <p>Burn rate: Metric to help determine the spending patterns using the assigned budget and the expenses during a specific period. It measures the spending within the threshold limit assigned in the budget amount and considering the budget spent during a budget period.</p>

	<p>CAREWare: CAREWare is a free, electronic health and social support services information system for HRSA’s Ryan White HIV/AIDS Program recipients and sub- recipients. CAREWare was developed by HRSA’s HIV/AIDS Bureau and first released in 2000. CAREWare has been overhauled with an entirely new user interface that runs in any internet browser (except for Internet Explorer which does not fully support HTML 5). Version 6 includes all the same functionality as Version 5, plus some additional features, and uses the same underlying SQL Server database. To connect to the CAREWare 6 business and data tiers, users will need to access one of the following browsers: Chrome, Firefox, Microsoft Edge, or Safari.</p> <p>CAREWare Administrator: Personnel who administers, manages, and controls the DC EMA version of CAREWare.</p> <p>CAREWare Financial Report: A CAREWare report that provides a summary of unduplicated customers served within a specific date span, as well as a distribution of the number of service units for each HRSA Service Category. The Financial Report can also display customer totals and services for a single or multiple Funding Source(s).</p> <p>Cash Flow: The difference in the amount of cash available at the beginning of budget period and the amount at the end of that period.</p> <p>Cost Overruns: Costs that exceed the budgeted amounts due to an underestimation of the actual costs.</p> <p>Corrective Action Plan (CAP): A detailed plan submitted by sub-recipients to address noted deficiencies. The plan includes identified activities, steps, responsible parties, and time frames for the agreed upon deliverables.</p> <p>Customer’s housing status: Is the customer’s housing status at the end of the reporting period. There are three response categories for this data element: Stable Permanent Housing, Temporary Housing, and Unstable Housing.</p> <p>Customer’s health coverage: Any health care coverage the customer had for any part of the reporting period.</p> <p>Customer’s CD4 test: The value and test date for all CD4 count tests administered to the customer during the reporting period. The CD4 cell count measures the number of T-helper lymphocytes per cubic millimeter of blood.</p> <p>Customer Involvement: Involvement of individuals with HIV that reflect the population being served to help ensure that the needs of individuals with HIV are being addressed by CQM activities.</p>
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	<p>Customer’s viral load test: Viral load is the quantity of HIV RNA in the blood and is a predictor of disease progression. Test results are expressed as the number of copies per milliliter of blood plasma.</p> <p>DS: Dental Services</p> <p>EFA: Emergency Financial Assistance</p> <p>Expenditure: Allowable cost incurred during the open period of performance of the award.</p> <p>FB/HDM: Foodbank/Home Delivered Meals</p> <p>Fee-for-Value (FFV): FFV program model is a subset of the traditional grant-funded model with enhanced inputs that are factored in when determining final award amounts. The service categories included in the FFV program are Outpatient/Ambulatory Health Services, Medical Case Management, Non- Medical Case Management, Medical Nutrition Therapy, and Foodbank/Home- Delivered Meals. For each service category, there are two funding components that are divided into four parts. The two funding components are Capacity and Value Enhancement. The Capacity component includes two factors: the baseline and service size awards. The Value Enhancement component includes two factors: the process assessment and outcome measure awards.</p> <p>Fiscal Monitoring: The method by which Grants Management Specialists conduct assessments to include adherence to OMB Uniform guidance 2CFR 200 guidelines, the extent to which sub-recipients are providing coordinated systems of care, and adherence with programmatic and fiscal requirements.</p> <p>Grant: The fiscal cost reimbursable instrument used to administer a financial award given by a federal, state, or local government authority to sub-recipients to support a project of some sort. The sub-recipient is not expected to repay the money.</p> <p>Grants Management Specialist (GMS): The individual assigned by DC Health/HAHSTA to monitor fiscal activities of the program.</p> <p>Grants Management Spreadsheet: Financial tracking system that the GMS generates to itemize monthly sub-recipient expenses.</p> <p>HE/RR: Health Education/Risk Reduction</p> <p>HCBS: Home and Community Based Services</p>
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	<p>MAI: Minority AIDS Initiative is a segment of Ryan White funding that is designated for specific minority populations.</p> <p>MCM: Medical Case Management Services</p> <p>MNT: Medical Nutrition Therapy</p> <p>Monthly Program Narrative: A programmatic monitoring tool whereby the sub- recipient documents the funded program’s monthly activities to ensure alignment with the grant award.</p> <p>MT: Medical Transportation</p> <p>NMCM: Non-Medical Case Management</p> <p>OAHS: Outpatient/Ambulatory Health Services</p> <p>OPS: Other Professional Services</p> <p>OS: Outreach Services</p> <p>Part A: The part of the Ryan White HIV/AIDS Program that provides direct financial assistance to designated Eligible Metropolitan Areas (EMAs) that have been severely affected by the HIV epidemic. The purpose of these funds is to deliver or enhance HIV-related core medical and support services to people living with HIV/AIDS and their affected partners and family members.</p> <p>Part B: The part of the Ryan White HIV/AIDS Program that authorizes the distribution of Federal funds to States and territories to improve the quality, availability, and delivery of core medical and support services for individuals living with HIV/AIDS and their affected partners and family members.</p> <p>Percent of the Federal poverty level: The percentage comparison of a customer’s income measured against the Federal poverty level.</p> <p>Performance Measures: A performance measure provides an indication of an organization’s performance in relation to a specified process or outcome. The Ryan White HIV/AIDS Program uses performance measures to monitor the quality of care and services provided.</p> <p>Period of Performance: The period during which the grantee is expected to complete the grant activities and to incur and expend approved funds.</p> <p>Program Officer (PO): The individual assigned by DC Health/HAHSTA to monitor all activities of the funded program.</p> <p>Program Officer Dashboard: The Program Officer dashboard is an information management tool that visually tracks, analyzes, and displays key performance indicators, service utilization and customers served.</p> <p>Program Monitoring: The method by which the Program Officer conducts</p>
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	<p>routine reviews of sub-recipient activities, which may include adherence with public health service treatment guidelines, the extent to which sub-recipients are providing coordinated systems of care, and adherence with programmatic and fiscal requirements. The monitoring of sub-recipients includes the provision of technical assistance, which may be requested by Program Officers or by sub- recipients.</p> <p>PSS: Psychosocial Support Services</p> <p>Quality Management: The system of documenting policies, procedures, and practices for achieving quality outcomes and services. Sub-recipient quality management activities include the formal organizational quality infrastructure, and quality improvement related activities.</p> <p>Quality Management Plan: A QMP describes all aspects of the Quality Management Program including infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline and responsible parties, and evaluation of the Quality Management Program. Due within 30 days of grant start date.</p> <p>Quality Team: a team of subject matter experts that foster learning and development of quality improvement concepts. The quality team promotes quality improvement (QI) activities and assists sub-recipients with technical assistance needs to help them reach their quality improvement goals.</p> <p>Recipient: The grantee of record and the organization receiving financial assistance directly from the U.S. Department of Health and Human Services to carry out a project or program.</p> <p>Report Card Section: The program area under which the sub-recipient is receiving feedback within the report card.</p> <p>RSR: Ryan White HIV/AIDS Program Services Report.</p> <p>RSR Completeness: A report generated from CAREWare that determines the percentage of the RSR required data elements that are complete or missing.</p> <p>Ryan White HIV/AIDS Program: The program funded by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. A Federal legislation created to address the health care and service needs of people living with HIV/AIDS (PLWHA) disease and their families in the United States and its territories. The law emphasizes providing lifesaving and life-extending services for people living with HIV/AIDS.</p> <p>SA/MH: Substance Abuse/Mental Health Services</p> <p>Sub-Recipient: An agency that provides direct services to customers (and their families) or the grantee. A sub-recipient may receive funds as a grantee (such as under Parts A and B) or through a contractual relationship with a grantee funded directly by HRSA's Ryan White HIV/AIDS Program.</p>
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V. Contents	External Sub-Recipient Report Card Processing Guidelines for Ryan White Program Grants
VI. Procedures	<p>Report Card Areas of Review</p> <p>I. RSR Completeness/Customer Level Data</p> <p>RSR Completeness will help sub-recipients focus on completing their missing data in preparation for their final RSR submission each year. For Final Submission, HAHSTA's expectation is sub-recipients should not have missing data elements higher than 3%. By the end of the second quarter, it is expected that sub-recipients will have completed a minimum of 90 percent of the required data elements. Lastly, in this section, RSR completeness data will be presented as percentage complete vs. percentage missing using chart visualization.</p> <p>Description of elements:</p> <p>The RSR completeness section will be used to measure whether the sub- recipient has complete data in the sections under review. The areas under review include the following sections within the RSR report.</p> <p style="text-align: center;">See Table Below</p>

	RSR Completeness Sections	Definition/Applicability
	Federal Poverty Level (FPL)	only applicable under the following service categories (O/AHS, MCM and NMCM)
	Housing Status	only applicable under the following service categories (O/AHS, MCM, Housing services and NMCM)
	CD4	only applicable under the following service categories (O/AHS)
	Viral Load	only applicable under the following service categories (O/AHS)
	Health Coverage	only applicable under the following service categories (All core service categories and NMCM)
Description of measurement and scoring process:		
For each element of the RSR completeness detailed above, the percentages in the “Complete %” column of the scoring section will be averaged for the total point value of this section.		
Sub-Recipient Roles and Responsibilities:		
a. Sub-recipients are required to submit all required data elements within 15 days of each month according to their contractual agreement.		
Sub-recipients may contact DC EMA CAREWare Administrator for any Technical Assistance related to Sub-Recipient Data Import or Direct Data Entry to their DC CAREWare domain at care.ware@dc.gov		

	<p>II. Programmatic Progress</p> <p>Review Description of elements:</p> <p>The Programmatic portion of the report card will provide sub-recipients with a snapshot of the number of unduplicated customers served compared to their targeted customer goals, as reported in their scopes of services. In addition to the site visit reports, the report card will provide sub-recipients with an additional resource to track their performances in quarterly increments and offer recommendations for technical assistance. Finally, if a sub-recipient has an active corrective action plan (CAP) during the time of the quarterly review, the report card will provide an updated status.</p> <p>Description of measurement and scoring process:</p> <ol style="list-style-type: none"> Program Officers (PO) will access the program officer dashboard or Careware by the 15th day of the month following the quarter under review to run a report of the services provided and number of customers served by each assigned sub-recipient. PO will be responsible for calculating the expected vs. actual amount percentages. The report card will serve as an additional resource to highlight any key findings and recommendations. The report will highlight the status of any pending CAP and steps to resolve the CAP. <u>Program Progress Review</u>. The point value for this section is determined by the average of the percentages in the “Actual % Served” column of the scoring section and divide by the “Expected % Served” value for the total point value of these sections. Sub-recipients will be measured based on their timely submission of programmatic narratives and data reports. If applicable, the PO will include comments from the data to care team regarding the status of the sub-recipient’s participation in the data to care program.
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Sub-Recipient Roles and Responsibilities:

- a. Sub-recipients are responsible for reviewing the report card and providing a written response to their assigned program officer within 10 business days of email notification.
- b. The response must address all programmatic and/or fiscal review findings that are below their expected targets for the quarter. The response must address each RSR completeness factor that does not meet the threshold.

Part A

Quarter	Send to sub-recipient	Response sent to P.O.
One (Mar – May)	July 12 th	July 22 nd
Two (June – Aug)	Oct 11 th	Oct 24 th
Three (Sept – Nov)	Jan 17 th	Jan 27 th
Four (Dec – Feb)	Apr 18 th	May 28 th

Part B

Quarter	Send to sub-recipient	Response sent to P.O.
One (Apr – Jun)	Aug 16 th	August 26 th
Two (July – Sept)	Nov 15 th	Nov 25 th
Three (Oct – Dec)	Feb 14 th	Feb 24 th
Four (Jan – Mar)	May 6 th	May 26 th

Fiscal Progress Review

Description of elements:

The fiscal component of the report card will include an analysis of the spending rate that will help determine the cash flow of the funds awarded and the timing of expenditures as they relate to the performance period of the award. Understanding and tracking these variances will enable the Grants Management Specialist (GMS) to forecast the spending patterns during the current grant period. The GMS will calculate and use the spending rate as an indicator to determine if

	<p>the sub-recipient is on track, overspending, or underspending the awarded funds.</p> <p>Description of measurement and scoring process:</p> <ol style="list-style-type: none"> The GMS will capture the total amount of expenses reported in the monthly invoices on the 20th of the month and calculate the spending rate by using the percentage of budget spent divided by the percentage of elapsed time in the grant period. The value of the spending rate will be scored and reported on a quarterly basis by using the aggregate service categories and not individual service categories. The GMS will also include an analysis of the spending rate in order to help identify potential cost overruns and revenue shortfalls. <u>Fiscal Progress Review</u> <p>The point value for this section is determined by the following:</p> <ul style="list-style-type: none"> The average of the percentages in the “Actual %” column of the scoring section divided by the “Expected %” value. The response to the following question each quarter: Were complete invoice packets submitted correctly and on-time? Yes = 100 pts; Within 2 weeks after the due date = 66 pts; Later than 2 weeks =33 pts. <p>Sub-Recipient Roles and Responsibilities:</p> <ol style="list-style-type: none"> The sub-recipient is responsible for reviewing the report card and providing a written response to be submitted to the assigned Program Officer within 10 days of receipt or email notification. The response must address all programmatic and/or fiscal review findings that are below their expected targets for the quarter.
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	<p>Quality Management Review Description of elements:</p> <ul style="list-style-type: none"> a. Quality Management Plan (QMP): A QMP describes all aspects of the Quality Management Program including infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline and responsible parties, and evaluation of the Quality Management Program. The QMP documents annual quality team goals and should serve as a roadmap to guide improvement efforts. Sub-recipients must submit QMP via email within the first 30 days of the grant year to their assigned Quality Coach, with a copy to their PO and RW.Quality@dc.gov. b. Documented Proof of Customer Involvement: Involvement of individuals with HIV that reflect the population being served to help ensure that the needs of individuals with HIV are being addressed by CQM activities. Sub-recipients must submit Documented Proof of Customer Involvement quarterly via email to their assigned Quality Coach, with a copy to their PO and RW.Quality@dc.gov. c. Performance Measurement (PM): Based on utilization guidelines addressed in PCN #15-02, sub-recipients should select contextual measures that apply to their funded services and population. These are to be reviewed and documented at least quarterly during their quarterly in the Performance Measure Summary Report and in Quality Committee meetings. Sub-recipients must submit PM Summary Report quarterly via email to their assigned Quality Coach, with a copy to their PO and RW.Quality@dc.gov. d. Quality Improvement Project (QIP): In accordance with the PCN #15-02 and FAQ's, each organization should engage in clinical quality improvement projects and identify its own process for determining priority quality improvement areas. In addition to the annual submission of the Quality Management Plan, documentation of ongoing projects is due quarterly. Sub-recipients must submit QIP Report quarterly via email to their assigned Quality Coach, with a copy to their PO and RW.Quality@dc.gov. e. Quality Management Committee Meeting Minutes: Quality Management Committee Meeting Minutes document what is discussed at each Quality Management Committee Meeting (at minimum, quarterly), including but not limited to: attendance list, committee actions and decision making, QIP progress/updates,
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	<p>customer involvement efforts, performance measure data progress/updates.</p> <p>Description of measurement and scoring process:</p> <p>Quality Management Plan (QMP): (Yes/No) This is due within 30 days of the start of the grant year. Sub-recipients should receive a completed formal document with feedback (QMP Review Checklist) from their assigned Quality Coach by the end of the 1st quarter. The Quality Team will assign scores based on the following responses: No – Site didn’t complete document within 30 days of the start of the grant year = 0 pts. Yes = 20 pts.</p> <p><i>a. If the sub-recipient receives a “Yes” response in the 1st quarter, 20 pts are given for that quarter and each subsequent quarter for this question.</i></p> <p>If the sub-recipient submits the QMP after the first 30 days of the start of the grant year but still within the 1st quarter, the sub-recipient will receive a “No” response for the 1st quarter, 0 pts will be given for the 1st quarter and 20 pts will be given for each subsequent quarter.</p> <p>If the sub-recipient does not submit the QMP in the 1st quarter, the sub-recipient will receive a “No” response with 0 pts given in each subsequent quarter until the sub-recipient submits the QMP. Once the sub-recipient submits the QMP, a “Yes” response and 20 pts will be given for the quarter in which the QMP was submitted and for each subsequent quarter.</p> <p>A. Performance Measure (PM) Summary Report): (Yes/No)</p> <p>Documented quality committee meeting minutes should include PM and are due at the end of each quarter. The quality team will assign scores based on the following responses: Yes– The Quality team was provided copies of quality committee meetings indicating that PMs were reviewed. No – Quality coach was not provided copies of quality committee meetings indicating that PMs were reviewed. Yes = 20 pts, No = 0 pts.</p> <p>Quality Improvement Project (QIP): (Yes/No) Documented projects are due at the end of each quarter. The quality team will assign scores based on the following responses: No – Quality team was not provided with documented copies of QIP selection or</p>
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	<p>execution. Yes = 20 pts, No = 0 pts.</p> <p>Documented Proof of Customer Involvement (Yes/No) Documentation of customer involvement is due at the end of each quarter. The Quality Team will assign scores based on the following responses: Yes: The Quality Team received documentation indicating Customer Involvement. No: Quality team did not receive documentation indicating Customer Involvement. Yes=20 pts, No=0 pts.</p> <p>Quality Management Committee Meeting Minutes: Quality Management Committee Meeting Minutes are due at the end of each quarter. The Quality Team will assign scores based on the following responses: Yes – The Quality Team was provided with a copy of Quality Management Committee Meeting Minutes. No – Quality team was not provided with a copy of Quality Management Committee Meeting Minutes. Yes = 20 pts, No = 0 pts</p> <p>Sub-Recipient Roles and Responsibilities:</p> <ol style="list-style-type: none"> Sub-recipients must submit QMP via email within the first 30 days of the start of the grant year to their assigned Quality Coach, with a copy to their PO and RW.Quality@dc.gov. The assigned Quality Coach will review the quality management plan and provide feedback. <ul style="list-style-type: none"> If the quality coach determines the deliverable is acceptable, it will be marked as accepted. If the quality coach determines the deliverable is unacceptable, the sub-recipient will be asked to revise the plan, factoring in the feedback, and resubmit for approval. If other quality management deliverables (not including the quality management plan) are not submitted, the assigned coach will email subrecipients about the missed deliverables and copy the respective program officer.
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The quality team will score the QMP section of the quality management review. Additionally, the assigned CQI coach will provide scores and feedback comments for all other sections of the quality management review to the program officer, using the scoring template.

IV. Site Visit Review

Description of elements:

The Site Visit portion of the report will provide sub-recipients with a resource to track their performances during annual site visits, give recommendations for technical assistance and provide a summary of the objective monitoring activities that have occurred during the quarter of review. This summary will include all site visits and recommendations as applicable. This section will highlight any noted best practices. Additionally, this section will serve as a reminder for the sub-recipient to address any noted areas of needed improvement.

Description of measurement and scoring process:

- a. Program Officer (PO) and Grants Management Specialist (GMS) are responsible for completing annual site visits and submitting reports to the sub-recipient within 45 days of visit. The report card will serve as an additional resource to highlight any key findings and recommendations. This information may be found in report cards for quarters three or four.

V. Corrective Action Plan

Description of elements:

The corrective action plan (CAP) section of the report card will document the status of any pending or ongoing CAP and steps to resolve the CAP. The CAP must be submitted by the sub-recipient to HAHSTA staff based on the agreed upon date set by the Program Officer and Grant Management Specialist. If there is no pending or ongoing CAP during the quarterly review period, sub-recipients will receive a “No” for this section and a N/A in the comments section.

	<p>Description of measurement and scoring process:</p> <p>a. The CAP is an additional resource to document any key findings and recommendations, which need to be addressed in a corrective action plan (CAP).</p> <p>The points accessed for this section are based on the responses to the following questions:</p> <ul style="list-style-type: none"> Is there an approved CAP on file? “Yes” response = - 5pts; “No” response = neutral (no impact on point values) If yes, is the implementation in progress? “Yes” response = neutral (no impact on point values); “No” response = -5pts Is the CAP completed? A “Yes” or “No” response does not impact the scoring, but if the response is yes, the date the CAP closeout letter was sent to the sub-recipient will be included in the comments. <ul style="list-style-type: none"> Note that corrections of all deficiencies shall be verified at a follow-up visit or by the submission of evidence of those corrections. Failure, on the part of the sub-recipient, to make such corrections or failure to submit the plan of corrections within the required time frame shall be considered grounds for further adverse action. <p>Sub-Recipient Roles and Responsibilities:</p> <p>a. The sub-recipients will submit a CAP for review and approval by the PO and GMS.</p> <p>a. Once approved, the sub-recipients will implement the activities noted in the approved plan to correct noted deficiencies.</p> <p>VI. Scoring</p> <p>Specific scoring measurement criteria are based on the details outlined in description of measurement and scoring process sections above.</p>
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Sub-recipient will be scored based on the following four sections: RSR Compliance Review, Program Progress Review, Fiscal Progress Review and Quality Management Review.

Each section has a maximum point value of 100 points.

The CAP section is not scored. If applicable, a deduction of 5 points will be assessed if the CAP is not being implemented.

When scoring sections of the report card, Program Officers and Grants Management Specialists will hold sub-recipients harmless for any deficiency in an element that is determined to be the result of a situation beyond the sub-recipient control. Situations that are held harmless are at the discretion of the PO and GMS. Examples include but are not limited to: federal emergency (COVID-19); returned site visit reports outside 45-day window; HAHSTA staff detail/absence, etc.

Calculating the Final Score:

The final report card score will be generated by adding the point values of all sections (1-4). If applicable, point deductions will be made based on the Corrective Action Plan Review. That result will be divided by the maximum available points to yield the final score.

Section	Maximum Points
RSR Compliance Review	100
Program Progress Review	100
Fiscal Progress Review	100
Quality Management Review	100
Total Possible Points on Report Card	400

* In Quarter's 1 & 4 RSR is not calculated. The total possible points in those quarters are 300.

	<p>The maximum point values for sub-recipients are as follows:</p> <p>The final scores yield the final report card scores and will be categorized as follows, when rounded to the nearest whole number:</p> <ul style="list-style-type: none"> • Meets Expectation= 90 –100 • Needs Improvement = 80-89 • Unsatisfactory = 70-79 <p>The sub-recipient’s final score will be displayed in the top right-hand corner of the report card. Any report card with a score in the range of 79 or below will be classified as “Unsatisfactory.” Any organization with consecutive unsatisfactory grades will be required to submit a CAP to address the noted areas for improvement.</p>
VII. Key Contacts	<p>Ebony Fortune, Ryan White HIV/AIDS Program Manager, 202.671.4900 or Ebony.Fortune@dc.gov</p>
VIII. Related Documents, Forms and Tools	<ul style="list-style-type: none"> • CAREWare Financial Report • Corrective Action Plan Template • Grant Narrative Report Template • Sample Invoice Cover Sheet • Sample Payment Authorization Notice • Site Visit Tool