

Attachment B – Intent to Apply Notification



**Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)
RM0 CMM012425**

**Due Date: Wednesday, January 29, 2025
Intent to Apply Notification**

TO: Department of Behavioral Health, Grants Management Office
www.dbh.grants@dc.gov

FROM: _____
Name of Organization

RE: Intent to Apply for Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)

Please select all applicable targeted populations:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Youth and Young Adults (ages 18-25) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Medically Needy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Older Adults (55+) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Unhoused Individuals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Returning Citizens | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Population Located in and around Federal City Shelter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Organization Address: _____

Contact Person/Title: _____

Contact Person Telephone Number: _____

Contact Person Email: _____

This notification serves as intent to apply for the abovementioned Request for Application. The notification is due **Wednesday, January 29, 2025** to dbh.grants@dc.gov **Notifications are to be sent to this email address only and will not be received via telephone, fax, any email other than address noted, or in-person.**

Print Name

Date

Signature