

Attachment A – Notice of Eligibility and Experience Requirements



District of Columbia Prevention Centers (DCPC)
RMO DCPC070723

Notice of Eligibility and Experience Requirements

Eligibility Requirements

Applicants must meet the stated **eligibility** requirements in the RFA. Please describe your organization's eligibility in the applicable boxes below. You may include supporting documents.

Eligible entities who can apply for grant funds under this RFA must:

1. Be a non-profit or community-based organization.

Justification:

2. Be an organizations with an established physical presence (office location, program activities, etc.) in the District of Columbia within one of the proposed Wards.

Justification:

3. Be a current DCPC grant recipients with an established physical presence within one of the proposed Wards.

Justification:

Experience Requirements

Applicants must meet the stated **experience** requirements in the RFA. Please describe your organization's experience in the applicable boxes below. You may include supporting documents.

Eligible entities who can apply for grant funds under this RFA must:

1. Be an organizations with experience in addressing community and public health, substance use, and behavioral health issues, in the District of Columbia, particularly in the proposed Wards.

Justification:

2. Have the capacity to employ one (1) Full Time Equivalent (FTE) employee as DCPC Coordinator or Project Director and up to two (2) FTE Community Mobilization Specialists to implement the DBH approved work plan.

Justification:

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Attachment B – Intent to Apply Notification



District of Columbia Prevention Centers (DCPC)
RMO DCPC070723
Due Date: July 14 2023
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 District of Columbia Prevention Centers (DCPC)

Competition(s):

District of Columbia Prevention Centers (DCPC) Yes No

[Insert Name of Competition] Yes No

[Insert Name of Competition] Yes 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 [Insert Date] 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.**

I am also confirming attendance at the mandatory pre-application conference Webinar being held **July 13 2023**. Meeting link: <https://www.microsoft.com/microsoft-teams/join-a-meeting>

Meeting number: 273 399 108 449 **Password:** gaN2Kj

#Attendees: _____

Print Name

Date

Signature

Attachment C – Applicant Profile



**Government of the District of Columbia
Department of Behavioral Health (DBH)
District of Columbia Prevention Centers (DCPC)
RMO DCPC070723
Applicant Profile**

Applicant Name: _____

Type of Organization: Non-Profit Commercial (For-Profit)
 Religious Community-Based (CBO)

EIN/Federal Tax ID No.: _____

UEI No.: _____

Primary Contact Person/Title: _____

Email/Phone Number: _____

Fiscal Contact Person/Title: _____

Email/Phone Number: _____

Street Address: _____

City, State ZIP: _____

Telephone: _____

Email: _____

Serving Ward(s): _____

Organization Website: _____

**Name of Authorized Representative
(Official Signatory):** _____

Title: _____

Email/Phone Number: _____

**Signature of Authorized
Representative:** _____

Please complete RFA Abstract on next page