

Attachment B – Intent to Apply Notification



**Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)
RM0 CCM042525**

**Due Date: Tuesday, May 6, 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)

Select targeted population:

1. Population Located in and around Federal City Shelter ☐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 **Tuesday, May 6, 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