Attachment B – Intent to Apply Notification

Hospital-Based Peer Support Services
RFA RM0 HBPSS121925
Due Date: January 16, 2026
Intent to Apply Notification

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

FROM: _____
Name of Organization

RE: Hospital-Based Peer Support Services

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 Friday, January 16, 2026 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