

**Attachment B – Intent to Apply Notification**



Certified Community Behavioral Health Clinic (CCBHC) Planning Grant  
RFA RM0 CCBHC010226  
Due Date: Friday, 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:** Intent to Apply for Certified Community Behavioral Health Clinic (CCBHC)  
Planning Grant

**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](mailto: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**