**Request for Applications (RFA)**

**RFA No. RM0 DCOR080819**

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**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**RFA Title: DC Opioid Response (DCOR) Faith-Based**

**Recovery Month Grant**

**RFA Release Date: Friday, August 9, 2019**

**Application Submission Deadline:**

**Friday, August 23, 2019, 1:00 p.m. ET**

**Pre-Application Conference:**

**Tuesday, August 13, 2019**

**64 New York Avenue, NE, DBH Room 242**

**Washington, DC 20002**

**from**

**3:00pm – 4:00pm**

**ATTACHMENT FILES (Fillable)**

1. **Intent to Apply**
2. **Applicant Profile**
3. **Staffing Plan**
4. **DBH Receipt**

***Please note: the files for the Work Plan, Budget and Budget Narrative and Advance Payment are separate.***

**Attachment I**



Community Services Administration   
Notice of Funding Availability (NOFA)  
RFA No. RM0 DCOR080819

**DC Opioid Response (DCOR) Faith-Based Recovery Month Grant**

**Intent to Apply Notification**

**Due Date:** Friday, August 23, 2019

**TO:** Department of Behavioral Health, Grants Management Office

[www.dbh.grants@dc.gov](http://www.dbh.grants@dc.gov)

**FROM:**

Name of Organization

**RE:** Intent to Apply for

[Insert RFA Title]

**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, August 16, 2019 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, email (other than address noted) or in-person.

*I am also confirming attendance at the mandatory pre-application conference being held* Tuesday, August 13, 2019.

**In-Person:**  Yes No **#Attendees:**   
**Webinar:**  Yes No

**Print Name** **Date**

**Signature**

**Attachment II**



**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**DC Opioid Response (DCOR) Faith-Based Recovery Month Grant**

RFA No. RM0 DCOR080819

**Applicant Profile**

|  |  |
| --- | --- |
| APPLICANT NAME: |  |
| TYPE OF ORGANIZATION: | \_\_ Public Non-Profit Org. \_\_Private Non-Profit Org. |
| EIN/Federal Tax ID No.:  DUNS No.:  Primary Contact Person/Title: |  |
|  |
|  |
| Second Contact Person/Title: |  |
| Street Address: |  |
| City, State ZIP: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |
| Ward: |  |
| Organization Website: |  |
| Name of Authorized Representative (Official Signatory): |  |
|  | Title: |
|  | Email Address: |
|  | Phone Number: |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative

**Please complete RFA Abstract on next page.**

|  |
| --- |
| **RFA Abstract (Required, Limit 200 words)** |

**WORK PLAN Attachment III**

See Work Plan Excel Document

**STAFFING PLAN Attachment IV**

The staffing plan provides a presentation and justification of all staff required to implement the project. The staffing plan needs to identify the total personnel who will be supported under grant funding and include resumes or curriculum vitae. Include the following elements in the staffing plan:

1. Position Title (e.g., Chief Executive Officer)
2. Staff Name (Note: If the individual has not been identified to occupy this position, please indicate “To Be Determined”)
3. Education/Experience Qualifications
4. General Responsibilities
5. Annual Salary
6. Percentage of Full Time Equivalent (FTE) for staff involvement
7. Amount Requested (list the DBH grant funds requested for each position)

| **Position Title** | **Staff Name** | **Education / Experience Qualifications** | **Resume or CV Included** | **General Responsibilities** | **Annual Salary** | **Percent FTE** | **Amount Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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**Attachment V**

**BUDGET AND BUDGET NARRATIVE**

|  |
| --- |
|  |

See Budget & Budget Narrative Excel Document

**Attachment VI**

See Advance Payment PDF Document

**Attachment VII**



**Department of Behavioral Health Receipt**

**RFA Title: DC Opioid Response (DCOR) Faith-Based Recovery Month Grant**

**RFA No.** RM0 DCOR080819

**ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE “ORIGINAL” SEALED ENVELOPE**

**THE DC DEPARTMENT OF BEHAVIORAL HEALTH IS IN RECEIPT OF:**

|  |  |
| --- | --- |
|  | **CONTACT NAME** |
|  | **ORGANIZATION NAME** |
|  | **ADDRESS, CITY, STATE, ZIP CODE** |
|  | **PROJECT NAME** |
|  | **BUDGET AMOUNT** |

**DBH USE ONLY:**

**Please Indicate Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ORIGINAL and \_\_\_\_\_\_\_\_\_\_\_\_\_COPIES

RECEIVED ON THIS DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/2019

**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_