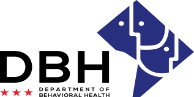
# Attachment A – Notice of Eligibility and Experience Requirements



**School – Based Behavioral Health Student Peer Educator Pilot Program**

RM0 SBPP020224

# 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. Non-governmental entity

*Justification:*

1. Located within the District of Columbia

*Justification:*

1. Eligible to participate in District-funded programs (not debarred) as evidenced by an exclusion verification

*Justification:*

1. Agree to use these funds to supplement and not supplant existing behavioral health services Justification:
2. Must be in good standing with the District of Columbia Justification
3. Must have a minimum of three (3) years of experience in the recruiting, training, and supervising student peer educators

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. Comply with all applicable District licensing, accreditation, and certification requirements, as of the due date of the application.

*Justification:*

1. Identify and provide the names of schools with which the applicant intends to partner with at least 3 public and public charter school high schools, with a preference for schools identified in Cohort 1 of DBH’s first year of implementation of the expansion of school behavioral health services or schools located in Wards 5, 7, or 8.

*Justification:*

1. Identify the types of interventions the applicant will train peer educators to perform and target numbers for each intervention type.

Justification:

1. Identify the maximum number of peer educators the applicant plans to recruit, train, and supervise.

Justification:

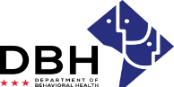
1. Have experience providing training, workshops, and programming to youth ages 14 to 21 on behavioral health, resiliency, and workforce readiness.

Justification:

1. Have experience in training youth on how to engage with peers, how to provide training and collaborate within a school setting.

Justification:

Attachment C – Applicant Profile



Government of the District of Columbia Department of Behavioral Health (DBH)

School – Based Behavioral Health Student Peer Educator Pilot Program RM0 SBPP020224

|  |  |  |
| --- | --- | --- |
| **Applicant Profile**  **Applicant Name:** | | |
| **Type of Organization:** | * **Non-Profit Org.** * **Religious** | * **Commercial (For-Profit) Org.** * **Community Based (CBO)** |
| * **Serve as Coordinating Grantee (in the event that two grantees are selected for award)**   **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 Address: Phone Number:

Signature of Authorized Representative

Please complete RFA Abstract on next page RFA Abstract (Required, Limit One Page)