

Attachment A – Notice of Eligibility and Experience Requirements



District of Columbia Opioid Response 3 (DCOR 3) Grant Opportunities: Improving Patient Engagement at Opioid Treatment Programs (OTPs)
RMO OTP033123

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. Opioid Treatment Programs (OTPs) certified and accredited according to 42 CFR 8, and are physically located and currently operating in the District of Columbia.**

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. Demonstrated ability to submit timely programmatic, fiscal, and data reports as designated by grant agreements or other funding sources;**

Justification:

- 2. At least two (2) years' experience as a certified and accredited OTP operating in the District of Columbia;**

Justification:

3. Demonstrated knowledge of the District's publicly-funded behavioral health system, including regulations and financing; and,

Justification:

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4. Demonstrated ability to start work within thirty (30) calendar days of award.

Justification:

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Attachment C – Applicant Profile



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

District of Columbia Opioid Response 3 (DCOR 3) Grant Opportunities: Improving Patient
Engagement at Opioid Treatment Programs (OTPs)

RMO OTP033123

Applicant Profile

Applicant Name: _____

Type of Organization: Non-Profit Commercial (For-Profit)
 Religious Community-Based (CBO)
 Community Residential Facility (CRF)

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/Phone Number: _____

**Signature of Authorized
Representative** _____

Please complete RFA Abstract on next page

RFA Abstract (Required, Limit One Page)