

## Attachment A – Notice of Eligibility and Experience Requirements



Adult Behavioral Health Socialization  
(Education, Recreational and Arts Based Programming for Adults with Serious Mental Illness and  
Substance Use Disorder)  
RMO ABS041423

### 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. A 501(c)(3) Community-Based Organization (CBO) located in the District of Columbia.

*Justification:*

#### 2. A Community Residential Facility (CRF) operator located in the District of Columbia, certified by the Department of Behavioral Health.

*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. Experience in providing therapeutic recreational and/or behavioral health services to those with SMI and/or SUD for a minimum of two years.

*Justification:*

**2. Experience with managing District of Columbia (local) or federal grants and/or contracts.**

*Justification:*

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**Attachment C – Applicant Profile**



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

Adult Behavioral Health Socialization

(Education, Recreational and Arts Based Programming for Adults with Serious Mental Illness and Substance Use Disorder)

RMO ABS041423

**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)**