#### Attachment A - Notice of Eligibility and Experience Requirements



District of Columbia Opioid Response 3 (DCOR3) Grant Opportunity: Recovery Residences with Intensive Case Management for Returning Citizens with Opioid and/or Stimulant Use Disorder RMO DCRR080423

## Notice of Eligibility and Experience Requirements

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Only community-based organizations located in the District of Columbia can apply for this grant.

#### **Experience Requirements**

Applicants must meet the stated eligibility and performance requirements in the RFA. Please describe your organization's experience in the applicable box below. You may include supporting documents.

Eligible entities who can apply for grant funds under this RFA should have the following experience:

1. At least 3-5 years of experience providing residential services and supports.  Justification:
2. At least 1 year of experience providing services to returning citizens.  Justification:
3. Applicant must demonstrate the ability to start work within thirty (30) days of award.  Justification:

4. Experience with managing multiple grants or contracts greater than \$100,000.00. *Justification:* 

5. Experience managing local (District of Columbia) or federal grants.  Justification:
6. Have a functioning accounting system that is operated in accordance with generally accepted accounting principles.  Justification:
7. A least one year of experience providing services to individuals with substance use disorders (SUD) individuals.  Justification:
8. Experience with implementing activities related to providing housing or services to persons with substance use and/or mental health disorders, HIV/AIDS, or low-income individuals. Justification:



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

District of Columbia Opioid Response 3 (DCOR3) Grant Opportunity: Recovery Residences with Intensive Case Management for Returning Citizens with Opioid and/or Stimulant Use Disorder RM0 DCRR080423

### **Applicant Profile**

Applicant Name:									
Type of Organization:		Non-Profit				Comm	ercial (	For-Pro	fit)
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:									
Phone Number:									
Serving Wards:	1	2	3	4	5	6	7	8	
Organization Website:									
Name of Authorized									
Representative (Official									
Signatory):									
Title:									
Email/Phone:									
Signature of Authorized	_		_	_		_		_	
Representative:									

# RFA Abstract (Required, Limit One Page)