

Attachment A – Notice of Eligibility and Experience Requirements



RMO CAP072123

Notice of Eligibility and Experience Requirements

Eligibility Requirements

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

1. Eligible entities who can apply for grant funds under this RFA are:

Non-profit or community-based organization with an established physical presence (office location, program activities, etc.) in the District of Columbia within wards 1 through 8.

Justification:

Experience Requirements

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

An Organization with experience in addressing community and public health, substance use, mental health and behavioral health issues, in the District of Columbia, particularly in the proposed wards.

Justification:

Capacity to employ one (1) Full Time Equivalent (FTE) employee as Program Manager or Project Director to engage program participants and the community when implementing the DBH approved work plan.

Justification:

Demonstrable experience working with at-risk and high risk individuals between the ages of 12-25.

Justification

Attachment B – Intent to Apply Notification



RMO CAP072123

Due Date: Friday, August 04, 2023

Intent to Apply Notification

TO: Department of Behavioral Health, Grants Management Office
www.dbh.grants@dc.gov

FROM: _____
Name of Organization

RE: Intent to Apply for

Competition:

Community Approaches to Prevention (CAP) for Substance Use. Yes No

Representing Ward: 1 2 3 4 5 6 7 8

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 04, 2023** to dbh.grants@dc.gov **Notifications are to be sent to this email address only and will not be received via telephone, fax, any email other than address noted, or in-person.**

I am also confirming attendance at the mandatory virtual pre-application conference being held Thursday, August 03, 2023 at 12:00pm at the following link <[Click here to join the meeting](#) >

Meeting number: 213 767 563 928

Password: 7y25uJ

#Attendees: _____

Print Name

Date

Signature

Attachment C – Applicant Profile



**Government of the District of Columbia
Department of Behavioral Health (DBH)
RMO CAP072123
Applicant Profile**

Applicant Name: _____

Type of Organization: Non-Profit Org. Commercial (For-Profit) Org.
 Religious Organization

EIN/Federal Tax ID No.: _____

DUNS No.: _____

Primary Contact Person/Title: _____

Email/Phone Number: _____

Fiscal Contact Person/Title: _____

Email/Phone Number: _____

Street Address: _____

City, State ZIP: _____

Telephone: _____

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