

**Attachment A – Notice of Eligibility and Experience Requirements**



**RMO CAP122223  
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 CAP122223  
**Due Date: Friday, January, 05**  
**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](mailto: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 CAP122223  
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**