## Attachment A – Notice of Eligibility and Experience Requirements

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**School-Based Behavioral Health Services Comprehensive Expansion (Pilot 1)**

RMO SBH072123

**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.*

Eligible entities who can apply for grant funds under this RFA must:

**1. Be** **a DC public charter school that has not been partnered with a Community Based Organization through the School Behavioral Health Program.) and does not have an agreement with DBH to place a DBH-hired behavioral health provider at their school.**

*Justification:*

# 2. Eligible to participate in District-funded programs (not debarred) as evidenced by an exclusion verification.

*Justification:*

**3. Have at least one service location physically within the District of Columbia.**

*Justification:*

**4. The school shall agree to use these funds to supplement and not supplant existing behavioral health services.**

*Justification:*

**Experience Requirements**

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

**1. Be committed to implementing school-based prevention, early intervention and treatment services based upon the needs of the scho**ol.

*Justification:*

**2. Be able to quickly recruit and hire licensed clinicians who are dedicated to providing culturally and linguistically competent services to children and their families.**

*Justification:*

**3. Committed to participating in all Community of Practice and evaluation activities.**

*Justification:*

**4. Have the supervisory capacity to supervise the prevention, and early intervention and treatment services within the comprehensive school behavioral health model.**

*Justification:*

**5. Be able to collect and report utilization, outcome data, and supervision activities. Provide data reports weekly, monthly, quarterly, annually and as needed.**

*Justification:*

**Attachment C – Applicant Profile**

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

School-Based Behavioral Health Services Comprehensive Expansion (Pilot 1)

RM0 SBH072123

## Applicant Profile

**Applicant Name:**

**Type of Organization: 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:**

Non-Profit Org.

Religious Org.

Commercial (For-Profit) Org.

## 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

**Attachment C – Project Abstract**

**RFA Abstract (Required, Limit One Page)**