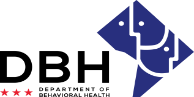
# ATTACHMENTS A & B

## Attachment A – Notice of Eligibility and Experience Requirements



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

RM0 DCRR102822

**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 should should have the following experience:

**1. At least 3-5 years of experience providing residential services and supports.**

*Justification:*

**2. Applicant must demonstrate the ability to start work within sixty (60) days of award.**

*Justification:*

**Experience Requirements**

Additional Experience Requirements:

**3. Experience with managing multiple grants or contracts greater than $100,000.00.**

*Justification:*

**4. Experience managing local (District of Columbia) or federal grants.**

*Justification:*

**5. Have a functioning accounting system that is operated in accordance with generally accepted accounting principles.**

*Justification:*

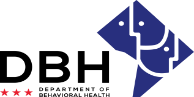
**6. Have at least one year of experience providing services to SUD clients.**

*Justification:*

**7. 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:*

## Attachment B – Applicant Profile



**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 Individuals with Opioid and/or Stimulant Use Disorder

RM0 DCRR082622

**Applicant Profile**

**Applicant Name:**

**Type of Organization:** \_\_Non-Profit Org. \_\_Commercial (For-Profit) Org.

**EIN/Federal Tax ID No.:**

**UEI No.:**

**Primary Contact Person/Title:**

**Second Contact Person/Title:**

**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**

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