# ATTACHMENTS A & B

## Attachment A – Notice of Eligibility and Experience Requirements



District of Columbia Opioid Response 3 (DCOR3) Grant Opportunity: Syringe Services Program (SSP) Outreach and Treatment Engagement

RM0 DCSP082622

**Notice of Eligibility and Experience Requirements**

**Experience 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 one (1) year experience providing SSP services and authorized to run a Needle Exchange Program by DC Health in accordance with DC Code § 48–1103.01.**

*Justification:*

**2. Experience hiring and employing individuals with lived experience.**

*Justification:*

**3. Demonstrated knowledge of the District’s publicly-funded behavioral health system, including regulations and financing.**

*Justification:*

**4. Demonstrated ability to submit timely programmatic, fiscal, and data reports as designated by grant agreements or other funding sources..**

*Justification:*

**5. Demonstrated ability to start work within thirty (30) calendar days of award.**

*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: Syringe Services Program (SSP) Outreach and Treatment Engagement

RM0 DCSP082622

**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)**