## ATTACHMENTS A, B and C

## Attachment A – Notice of Eligibility and Experience Requirements



**District-Wide Synar Compliance Program**

**RMO SCP093022**

**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:

**Applicants must be qualified non-profit or for-profit, community-based organizations based in the District of Columbia addressing community and public health, substance abuse, or behavioral health issues.**

*Justification:*

**Experience Requirements**

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

**Organizations must be able to demonstrate past experience in recruiting, retaining, and training youth for innovative projects which lasted for a minimum of twelve months.**

*Justification:*

**Applicants should have the organizational capacity to develop protocols and processes in order to meet grant deliverables.**

*Justification:*

**Experience and ability to collect and monitor data (process and outcome), complete reporting in a timely manner, and contribute to additional data requests for project Funders as needed.**

 *Justification:*

## Attachment B – Intent to Apply Notification



District-Wide Synar Compliance Program

RMO SCP093022

Due Date: Monday October 03, 2022

**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 District-Wide Synar Compliance Program

**Competition(s):**

District-Wide Synar Compliance Program

**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 **Monday October 03, 2022** 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 October 06, 2022**. **Meeting link: <** <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>>

**Meeting number:** 213 069 704 28  **Password:** wAB4RE

**#Attendees: \_\_\_\_\_\_\_\_\_**

**Print Name** **Date**

**Signature**

## Attachment C – Applicant Profile



**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

District-Wide Synar Compliance Program

RMO SCP093022

**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:**

**Fiscal 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)**