## Attachment A – Notice of Eligibility and Experience Requirements

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OurTime\_Community Programs- Early Interventions (OurTime­\_CP-EI)

RM0 OTCP020323

**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. The OurTime\_CP-EI eligible entities who can apply for grant funds under this RFA:

**A Mental Health Rehabilitation Service (MHRS) provider, with a minimum of two years documented experience working with young adults aged 16-25.**   
*Justification:*

**Have a medically trained and licensed behavioral health care provider with prescriptive authority in psychopharmacology who can prescribe and manage medications independently, pursuant to District law available for children and adults consultations.**  
*Justification:*

**Have knowledge of diagnoses that could lead to psychosis including but not limited to: schizophrenia, schizophreniform disorder, brief psychotic disorder, bipolar disorder, delusional disorder, drug-induced psychosis, major depressive disorder with psychotic features, schizoaffective disorder and should be able to document treatment structures within their agency that can address these diagnoses.**  
*Justification:*

**Have the ability to provide clinical assessments, psychoeducation for individuals and family members, cognitive and behavioral interventions, academic and vocational support, psychopharmacology, and medical management to include the side effects of medications (e.g., monitoring for metabolic syndrome with antipsychotic use).**  
*Justification:*

**Be able to hire young adult peers who will support the clinical team by helping to engage young adults in services and educate the community. MHRS providers who were previously trained and delivering Cognitive Behavioral (CBT), Transition Independence Program (TIP), and Individual Placement and Support (IPS) are encouraged to apply.**  
*Justification:*

**Maintain the key personel of a Program Coordinator and Clinical Coordinator thru the duration of the program.**  
*Justification:*

**Experience Requirements**

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

**Provide medication/somatic treatments**.

*Justification:*

**Provide community support, community based interventions, counseling, case management, and deliver community-based education, and outreach.**

*Justification:*

## Attachment B – Intent to Apply Notification

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OurTime Community Programs - Early Interventions (OurTime CP EI)

RM0 OTCP020323

Due Date: Thursday, February 09, 2023

**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 OurTime Community Programs - Early Interventions (OurTime\_CP-EI)

**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 Thursday, February 09, 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 pre-application conference Webinar being held **Monday, February 13, 2023**.

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

**Print Name** **Date**

**Signature**

## Attachment C – Applicant Profile

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**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

OurTime­\_Community Programs - Early Interventions (OurTime\_CP-EI)

RM0 OTCP020323

**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:**

**Email/Phone Number:**

**Fiscal Contact Person/Title:**

**Email/Phone Number:**

**Street Address:**

**City, State ZIP:**

**Phone Number:**

**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)**