

ATTACHMENT B APPLICANT ELIGIBILITY QUESTIONNAIRE

INSTRUCTIONS: Applicants must respond to each of the questions below. Failure to submit a response or meet the minimum eligibility requirements will disqualify the Applicant from further consideration.

Part I:

| MANDATORY MINIMUM REQUIREMENTS OF RFP | | |
|---------------------------------------|----|--|
| Yes | No | 1. Is your organization: <ul style="list-style-type: none"> ○ A 501(c)(3) nonprofit organization or ○ Fiscally sponsored by an organization with 501(c)(3) nonprofit status? |
| Yes | No | 2. Does your organization currently provide services within New York City? |
| Yes | No | 3. Is your organization proposing to serve New York City for all aspects of service required herein? |
| Yes | No | 4. Does your organization currently conduct outreach to people experiencing homelessness (PEH), including those who are street-based, living in a shelter or temporary housing, or who are unstably housed, and those likely to use drugs? |
| Yes | No | 5. Is your organization in need of training/technical assistance and willing to devote time for existing staff to attend initial project trainings and quarterly follow-up meetings about substance use, harm reduction, engaging people around substance use and treatment, same-day and other treatment resources, use of field tools, data collection and reporting? |
| Yes | No | 6. If awarded, does your organization agree to comply with all DOHMH data collection and reporting requirements? |
| Yes | No | 7. If awarded, does your organization agree to attempt to obtain consent from clients for data collection with a tool and protocol provided or approved by DOHMH. |

Part II:

| APPLICANT'S CERTIFICATION | |
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| By my signature below, I certify that I am an authorized representative of the applicant named below, and that all information provided above is true and complete to the best of my knowledge. | |
| Signature of Authorizing Official | Date |
| Organization Name | |