

**New Hampshire Department of Health and Human Services on behalf of
Opioid Abatement Advisory Commission
Appendix B – Transmittal Letter and Applicant Information**

TRANSMITTAL LETTER	
Solicitation ID Number	RGA-2023-DBH-03-OPIOI
Applicant Organization Name	
Applicant Address	
Date of Submission	
Project Title	

To whom it may concern:

We hereby submit this response to the Solicitation referenced above, in complete accordance with all conditions and specifications set forth in the Solicitation.

We attest to the fact that:

1. The Applicant has read and fully understands this Solicitation and agrees to be bound by its terms, conditions, and requirements.
2. The Applicant has read and fully understands Appendix A - Grant Agreement, Form G-1.
3. The Applicant's Grant Application is effective for a period of 180 days from the Grant Application Due Date or until the Effective Date of any resulting Grant Award, whichever is later.
4. The prices, terms and conditions, and services in the Applicant's Grant Application have been established without collusion with other Applicants.
5. This document is signed by a person who is authorized to legally obligate the responding Applicant.

Further, in accordance with RSA 21-I:11-c, the undersigned Applicant certifies that neither the Applicant nor any of its subsidiaries, affiliates or principal officers is currently debarred from performing work on any project of the federal government or the government of any state.

Authorized Signature _____
Authorized Signature (printed) _____
Title _____
Telephone _____
Email _____

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1. Applicant Eligible Entity Type

Please select your organization's entity type:

- Governmental entities, including school districts, towns, cities, and counties within the state of New Hampshire (NH); or**
- New Hampshire State agencies, boards, or commissions.**

2. Proposed Project Criteria

Please select which of the following criteria that your project addresses (select all that apply):

- Reimburse the State or any political subdivision within the state for any portion of the cost incurred between July 1, 2020 and the release date of this RGA related to outpatient and residential opioid use disorder (OUD) and any co-occurring substance use disorder or mental health (SUD/MH) treatment services, including, but not limited to:**
 - **Services provided to incarcerated individuals.**
 - **Medication assisted treatment (MAT).**
 - **Abstinence-based treatment.**
- Reimburse the State or any political subdivision for costs incurred between July 1, 2020 and the release date of this RGA related to emergency response services related to OUD and any co-occurring SUD/MH issues provided by law enforcement and first responders.**
- Reimburse the State and any political subdivision within the state for any portion of the cost of administering naloxone incurred between July 1, 2020 and the release date of this RGA.**

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3. Applicant Contact Information		
Primary Point of Contact <i>Individual who will serve as the Applicant's primary contact for all other matters relating to the RGA.</i>	Name	
	Title	
	Email	
	Telephone	
Fiscal Contact <i>Individual who will serve as the Applicant's primary contact for fiscal matters.</i>	Name	
	Title	
	Email	
	Telephone	

4. Affiliations – Conflict of Interest	
Does your organization have any affiliations that might result in a conflict of interest in relation to this Solicitation?	Choose an item.
a. If YES , explain the relationship(s) and how the affiliation(s) would not represent a conflict of interest.	