

Attachment C – Applicant Profile



**Government of the District of Columbia
Department of Behavioral Health (DBH)**

RMO CAP060724

Applicant Profile

Ward 3

Applicant Name: _____

Type of Organization: __ Non-Profit Org. __ Commercial (For-Profit) Org.
 __ Religious Organization

EIN/Federal Tax ID No.: _____

DUNS No.: _____

Primary Contact Person/Title: _____

Email/Phone Number: _____

Fiscal Contact Person/Title: _____

Email/Phone Number: _____

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