

**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**District of Columbia Opioid Response (DCOR2) Grant Opportunities**

**RFA# RM0 DOR092520**

**Please check the Competition applied for:**

Competition 1: Hospital-Based Peers ☐Yes ☐No  
Competition 2: Crisis Stabilization ☐Yes ☐No  
Competition 3: Peer-Operated Centers ☐Yes ☐No

Competition 4: Peer Recovery Housing ☐Yes ☐No

## Applicant Profile

|  |  |
| --- | --- |
| APPLICANT NAME: |  |
| TYPE OF ORGANIZATION: | \_\_Non-Profit Org. \_\_Commercial (For-Profit) Org. |
| EIN/Federal Tax ID No.:  DUNS No.:  Primary Contact Person/Title: |  |
|  |
|  |
| Second Contact Person/Title: |  |
| Street Address: |  |
| City, State ZIP: |  |
| Telephone: |  |
| Fax: |  |
| 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.**

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| **RFA Abstract (Required, Limit 200 words)** |