

Attachment C – Applicant Profile



**Government of the District of Columbia
Department of Behavioral Health (DBH)
FY27 School Behavioral Health Services Comprehensive Expansion
RFA RM0 SBH091826
Applicant Profile**

Applicant Name: _____

Type of Organization: __ Non-Profit __ For-Profit __ Religious

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: _____

Telephone: _____

Email: _____

Serving Ward(s): _____

Organization Website: _____

Organization Website: _____

Do you currently have active grant awards with DBH? ☐Yes ☐No

If yes, provide name of grant award, amount and project period.

1.

2.

3.

4.

5.

If no, have you received grant awards from DBH within the last five (5) years? ☐Yes ☐No

If yes, provide name of grant award, amount and project period.

1.

2.

3.

4.

5.

Does your organization have an Organizational National Provider Identifier (NPI) number and a PDMS account? ☐Yes ☐No

Do your licensed clinicians have their own individual NPI number and completed enrollment in the PDMS system? ☐Yes ☐No

**Name of Authorized Representative
(Official Signatory):**

Title:

Email/Phone Number:

**Signature of Authorized
Representative:**

Please complete RFA Abstract on next page

RFA Abstract (Required, Limit One Page)