

Attachment C – Applicant Profile



Government of the District of Columbia
Department of Behavioral Health (DBH)
Partnership for Success
RFA RM0 PFS091126
Applicant Profile

Application is being submitted for:

1. ☐ Ward 1
2. ☐ Ward 2
3. ☐ Ward 3
4. ☐ Ward 4
5. ☐ Ward 5
6. ☐ Ward 6
7. ☐ Ward 7
8. ☐ Ward 8

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:

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.

**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)