Attachment C – Applicant Profile

Government of the District of Columbia
Department of Behavioral Health (DBH)
Comprehensive Care Management for Individuals with
Opioid Use Disorder (OUD) and/or Stimulant Use Disorder (STUD)
RFA RM0 CCM012425
Applicant Profile
Application for Targeted Population: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Applicant Name: _____

Type of Organization: __ Non-Profit __ Commercial (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: _____

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)