**Attachment C**



**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**RFA Title: Faith Based Organizations: Connecting DC Residents with Behavioral Needs to Clinical Services and Treatment During COVID-19**

**RFA # RM0FBS121820**

## 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)** |