

**Attachment C – Applicant Profile**



**RM0 YRTP011025**

**American Society of Addiction Medicine (ASAM)**

**Level 3.5 Medium-Intensity Residential Treatment Program for Adolescents**

**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)**