Attachment C – Applicant Profile

Government of the District of Columbia
Department of Behavioral Health (DBH)
Hospital-Based Peer Support Services
RFA RM0 HBPSS121925
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: _____

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)