

Attachment C – Applicant Profile



**Government of the District of Columbia
Department of Behavioral Health (DBH)**

District of Columbia Opioid Response (DCOR) Grant Opportunity: Recovery Residences
with Intensive Care Management and Peer Navigator Support for Individuals with Opioid
and/or Stimulant Use Disorder

RFA RM0 DCRR071026

Applicant Profile

Application is being submitted for:

- 1. **Targeted Population 1: Returning Citizens (Men)**
- 1. **Targeted Population 2: Returning Citizens (Female)**
- 2. **Targeted Population 3: Returning Citizens (Older Adults 55+)**
- 3. **Targeted Population 4: Women Only Home**
- 4. **Targeted Population 5: Male Only Home**

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, Limited one Page)