Attachment C – Applicant Profile

Government of the District of Columbia
Department of Behavioral Health (DBH)
District of Columbia Prevention Centers (DCPC)
RFA RM0 DCPC073126
Applicant Profile

Application is being submitted for:

1. ☐ Wards 1 & 2
2. ☐ Wards 2 & 3
3. ☐ Wards 4 & 5
4. ☐ Wards 5 & 6

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, Limit One Page)