Attachment C – Applicant Profile

Government of the District of Columbia
Department of Behavioral Health (DBH)
District of Columbia Opioid Response (DCOR) Grant Opportunity: Overdose Prevention, Outreach and Engagement Initiative
RFA RM0 OPOE073126
Applicant Profile

Application is being submitted for:
☐ **Region 1** ☐ **Region 2** ☐ **Region 3** ☐ **Region 4**

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)