**Attachment VII**



 **Department of Behavioral Health Receipt**

**RFA Title: Adult Mental Health Weekend Socialization**

(Education, Recreational and Arts Based Programing for Adults with Serious and Chronic Mental Illnesses)

**RFA No. RM0 AWS102519**

**ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE “ORIGINAL” SEALED ENVELOPE**

**THE DC DEPARTMENT OF BEHAVIORAL HEALTH IS IN RECEIPT OF:**

|  |  |
| --- | --- |
|  | **CONTACT NAME** |
|  | **ORGANIZATION NAME** |
|  | **ADDRESS, CITY, STATE, ZIP CODE** |
|  | **PROJECT NAME** |
|  | **BUDGET AMOUNT** |

**DBH USE ONLY:**

**Please Indicate Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ORIGINAL and \_\_\_\_\_\_\_\_\_\_\_\_\_COPIES

RECEIVED ON THIS DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/2019

**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_