



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

DC Opioid Response (DCOR) Prevention Grant for Ward 3
RMO DCOR022820

Applicant Profile

APPLICANT NAME:

TYPE OF ORGANIZATION:

Non-Profit Org. Commercial (For-Profit) Org.

EIN/Federal Tax ID No.:

DUNS No.:

Primary Contact Person/Title:

Second Contact Person/Title:

Street Address:

City, State ZIP:

Telephone:

Fax:

Email:

Ward:

Organization Website:

Name of Authorized Representative
(Official Signatory):

Title:

Email Address:

Phone Number:

Signature of Authorized Representative

Please complete RFA Abstract on next page.

RFA Abstract (Required, Limit 200 words)