



**Department of Behavioral Health Receipt**

**RFA Title:** DC Opioid Response (DCOR) Prevention Grant for Ward 3

**RFA No.** RMO DCOR022820

**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:**

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**CONTACT NAME**

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**ORGANIZATION NAME**

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**ADDRESS, CITY, STATE, ZIP CODE**

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**PROJECT NAME**

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**BUDGET AMOUNT**

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**DBH USE ONLY:**

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

ORIGINAL and \_\_\_\_\_ COPIES

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

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