## **Attachment C – Applicant Profile**

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Description automatically generated

**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**District of Columbia Opioid Response 3 (DCOR3) Grant Opportunity: Recovery Residences with Intensive Care Management for Individuals with Opioid and/or Stimulant Use Disorder**

**RM0 DCRR030124**

**Applicant Profile**

**Applicant Name:**

**Type of Organization:** \_\_ Non-Profit \_\_ Commercial (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:**

**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)**