**Attachment B – Applicant Profile**

A picture containing text, dark

Description automatically generated

**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

Evidence Based Supported Employment Program Work Force Development Initiatives

RM0 SES122923

**Applicant Profile**

**Competition 1: Mental Health SES  Competition 2: Substance Use SES**

**Applicant Name:**

**Type of Organization:** Non-Profit Org. Commercial (For-Profit) Org.  
 Religious Organization  
 **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:**

**Phone Number:**

**Ward: Organization Website:**

**Name of Authorized Representative**

**(Official Signatory):**

**Title:**

**Email Address:**

**Phone Number:**

Signature of Authorized Representative