**Attachment B – Applicant Profile**



**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