### Attachment C – Applicant Profile



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

School-Based Behavioral Health Services Comprehensive Expansion (Pilot1B) RM0 SBH102723

**Applicant Profile**

**Applicant Name:**

**Type of 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: Telephone: Email:**

 Non-Profit Org.

 Religious Org.

 Commercial (For-Profit) Org.

**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**

### Attachment C – Project Abstract

**RFA Abstract (Required, Limit One Page)**