

Attachment C – Applicant Profile



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

School – Based Behavioral Health Student Peer Educator Pilot Program
RMO SBPP020224
Applicant Profile

Applicant Name: _____

Type of Organization: Non-Profit Org. Commercial (For-Profit) Org.
 Religious Community Based (CBO)
 Community Residential Facility (CRF)

Serve as Coordinating Grantee (in the event that two grantees are selected for award)

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 Address: _____

Phone Number: _____

Signature of Authorized Representative

Please complete RFA Abstract on next page
RFA Abstract (Required, Limit One Page)