

Attachment C – Applicant Profile



**Government of the District of Columbia
Department of Behavioral Health (DBH)
First Episode Psychosis (FEP Treatment for Transition Age Youth
RMO RFA FEP111023
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)