



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

**RFA Title: Recovery Residences  
RFA# RMO RR032020**

**Applicant Profile**

APPLICANT NAME:

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TYPE OF ORGANIZATION:

Non-Profit Org.     Commercial (For-Profit) Org.

EIN/Federal Tax ID No.:

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DUNS No.:

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Primary Contact Person/Title:

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Second Contact Person/Title:

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Street Address:

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City, State ZIP:

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Telephone:

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Fax:

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Email:

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Ward:

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Organization Website:

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Name of Authorized Representative  
(Official Signatory):

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Title:

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Email Address:

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Phone Number:

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Signature of Authorized Representative

**Please complete RFA Abstract on next page.**

**RFA Abstract (Required, Limit 200 words)**