



Department of Behavioral Health Receipt

RFA Title: Recovery Residences

RFA No. RM0 RR032020

ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE "ORIGINAL" SEALED ENVELOPE

THE DC DEPARTMENT OF BEHAVIORAL HEALTH IS IN RECEIPT OF:

CONTACT NAME

ORGANIZATION NAME

ADDRESS, CITY, STATE, ZIP CODE

PROJECT NAME

BUDGET AMOUNT

DBH USE ONLY:

Please Indicate Time: _____

ORIGINAL and _____ COPIES

RECEIVED ON THIS DATE _____ / _____ /2020

Received By: _____