

Attachment VIII



Department of Behavioral Health Receipt

RFA Title: School-Based Behavioral Health Services Comprehensive Expansion (Cohort 3)

RFA No. RMO SBH022120

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 _____ / _____ /2019

Received By: _____