**Attachment II**



**Government of the District of Columbia**

**Department of Behavioral Health (DBH)**

**Adult Mental Health Weekend Socialization**

(Education, Recreational and Arts Based Programing for Adults with Serious and Chronic Mental Illnesses)

**RFA # RMO AWS102519**

**Applicant Profile**

|  |  |
| --- | --- |
| APPLICANT NAME: |  |
| TYPE OF ORGANIZATION: | \_\_ Public Non-Profit Org. \_\_Private Non-Profit Org.   |
| EIN/Federal Tax ID No.:DUNS No.:Primary Contact Person/Title: |  |
|  |
|  |
| Second Contact Person/Title: |  |
| Street Address:    |  |
| City, State ZIP: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |
| Ward:  |  |
| Organization Website: |  |
| Name of Authorized Representative (Official Signatory): |  |
|  | Title: |
|  | Email Address: |
|  | Phone Number: |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative

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

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