

Attachment A - Organizational Demographics Profile

Organizational Demographics

Organization Name

Address

City

State

Zip

Primary Contact Name

Title

Phone

Email

Tax ID #

Organizational Mission Statement:

Annual Budget Amount:

of unduplicated clients served per year:

Population(s) Served:

Early Childhood (0-5)	Children & Youth	Adults	Older Adults	Families
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Service(s) Provided:

- Residential Substance Abuse Treatment
- Residential Mental Health Treatment
- Community-Based Behavioral Health Services
- Faith-Based Counseling Services
- Outpatient Substance Abuse Treatment
- Outpatient Mental Health Treatment
- Court Mandated Services

On behalf of the organization, I am authorized to sign this proposal and agree that all information provided is accurate.

Name

Title

Signature

Date