

APPENDIX A

**APPENDIX A
APPLICATION COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RFA #31-22
Community HealthChoices**

Enclosed in four separate submittals is the application of the Applicant identified below for the above-referenced RFA.

Applicant Information	
Applicant Name	
Applicant Mailing Address	
Applicant Website	
Applicant Contact Person	
Contact Person's Phone Number	
Contact Person's Facsimile Number	
Contact Person's E-Mail Address	
Organization Type	<input type="checkbox"/> For Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Local Government
Applicant Federal ID Number	
Applicant SAP/SRM Vendor Number	
Applicant Unique Entity Identifier	

Indicate the Proposed Service Zone	<input type="checkbox"/> Statewide <input type="checkbox"/> Northwest Zone <input type="checkbox"/> Southwest Zone <input type="checkbox"/> Northeast Zone <input type="checkbox"/> Lehigh/Capital Zone <input type="checkbox"/> Southeast Zone
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Submittals Enclosed	
<input type="checkbox"/>	Technical Submittal
<input type="checkbox"/>	Small Diverse Business Participation Submittal
<input type="checkbox"/>	Veteran Business Enterprise Submittal
<input type="checkbox"/>	Contractor Partnership Program Submittal

Signature

Signature of an official
authorized to bind the
Applicant to the
provisions contained in the
Applicant's application:

Printed Name

Title

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE APPLICANT'S APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICANT'S APPLICATION.