

**APPENDIX A  
APPLICATION COVER SHEET**

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES**

**RFA #16-23 SNAP  
Participation**

**Enclosed is the application of the Applicant identified below for the above-referenced RFA.**

<b>Applicant Information:</b>	
Applicant Name (LEGAL ENTITY)	
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	

<b>Submittal Enclosed:</b>	
<b>Region # County(ies)</b>	<input type="checkbox"/> Region 1 - County(ies) _____ <input type="checkbox"/> Region 2 - County(ies) _____ <input type="checkbox"/> Region 3 - County(ies) _____ <input type="checkbox"/> Region 4 - County(ies) _____ <input type="checkbox"/> Region 5 - County(ies) _____ <input type="checkbox"/> Region 6 - County(ies) _____
<input type="checkbox"/>	Technical Submittal

<b>Signature</b>	
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**