

**APPENDIX A
APPLICATION COVER SHEET**

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

**RFA #37-22
SNAP Participation**

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

Applicant Information:	
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	

Submittal Enclosed:	
Region # County(ies)	<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

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