

# **APPENDIX A**

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APPLICATION COVER SHEET  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES  
RFA# 01-23**

**Enclosed in five separate submittals 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	
Applicant Federal ID Number	
Applicant SAP/SRM Vendor Number	

<b>Submittals Enclosed:</b>	
<input type="checkbox"/>	Technical Submittal
<input type="checkbox"/>	Cost Submittal
<input type="checkbox"/>	Small Diverse Business Participation Submittal
<input type="checkbox"/>	Veteran Business Enterprise Participation Submittal
<input type="checkbox"/>	Contractor Partnership Program Submittal

<b>Signature</b>	
Signature of an official authorized to bind the Applicant to the provisions contained in the Applicant's application	X _____
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**