

APPENDIX A

**APPENDIX A
APPLICATION COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RFA# 16-20**

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

Submittals Enclosed:	
<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

Signature	
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