

APPENDIX A  
**COMMONWEALTH OF PENNSYLVANIA**  
 DEPARTMENT OF HUMAN SERVICES  
 RFA# 01-17

**Enclosed in two separately sealed submittals is the Application of the Applicant identified below for the above-referenced RFA:**

<b>Applicant Information:</b>	
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	
Applicant Federal ID Number	
Applicant SAP/SRM Vendor Number	

<b>Submittals Enclosed and Separately Sealed:</b>	
<input type="checkbox"/>	Technical Submittal
<input type="checkbox"/>	Cost 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 APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICATION.**