

APPENDIX A

**PROPOSAL COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA HEALTH INSURANCE EXCHANGE AUTHORITY
RFP # PHIEA 20-01 EXCHANGE ASSISTER SERVICES**

The proposal of the Respondent identified below for the above-referenced RFP is submitted electronically comprised of separate files for Technical, Cost and SDB/SB components:

Respondent Information:	
Respondent Company Name	
Respondent Mailing Address	
Respondent Website	
Respondent Contact Person Name	
Contact Person's Phone Number	
Contact Person's E-Mail Address	
Respondent Federal ID Number	
Respondent SAP/SRM Vendor Number	

Electronic Submittals Enclosed:	
<input type="checkbox"/>	Part III Technical Submittal <input type="checkbox"/> APPENDIX A Proposal Cover Sheet <input type="checkbox"/> Part III Technical Submittal Document <input type="checkbox"/> APPENDIX C Domestic Workforce Utilization Certification <input type="checkbox"/> APPENDIX D Iran Free Procurement Certification Form <input type="checkbox"/> APPENDIX E (a) Trade Secret/Confidential Proprietary Information Notice <input type="checkbox"/> APPENDIX E (b) Redacted Proposal (if required)
<input type="checkbox"/>	Part IV <input type="checkbox"/> APPENDIX B Cost Submittal – Tabs 1 & 2
<input type="checkbox"/>	Part V Small Diverse Business and Veteran Business Enterprise Summary Sheet <input type="checkbox"/> APPENDIX F SDB/SB Participation Summary Sheet <input type="checkbox"/> APPENDIX G SDB Participation Packet (Form SDB-2) <input type="checkbox"/> APPENDIX H VBE Participation Packet (Form VBE-2)

Signature

Date

Printed Name

Title

Signature must be of an official authorized to bind the Respondent to the provisions contained in the Respondent's Proposal.

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE RESPONDENT'S PROPOSAL MAY RESULT IN THE REJECTION OF THE RESPONDENT'S PROPOSAL