

**ATTACHMENT C - APPLICATION COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
RFA#04-14**

Enclosed is the submission of the Applicant identified below for the above-referenced RFA:

Applicant Information:	
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	

<i>Signature</i>	
Signature of an official authorized to bind the Applicant to the provisions contained in the Applicant's submission:	
Printed Name	
Title	

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE APPLICANT'S SUBMISSION MAY RESULT IN THE REJECTION OF THE APPLICANT'S SUBMISSION.