

# APPENDIX A

**APPENDIX A  
APPLICATION COVER SHEET  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES  
RFA# 04-20**

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 (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 DUNS Number	
Applicant SAP/SRM Vendor Number	

<b>Submittals Enclosed and Separately Sealed:</b>	
<b>Indicate the Proposed Service Region</b>	<input type="checkbox"/> North Central <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> South Central <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest
<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 APPLICANT'S APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICANT'S APPLICATION**