

# APPENDIX J

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**Small Diverse Business (SDB) Participation Summary Sheet**

Solicitation: RFA No. 07-19

Issuing Agency: Department of Human Services

Name of Project: Managed Care Organizations to Provide Physical Health Services in the Commonwealth of Pennsylvania in the Five HealthChoices Zones

SDB Participation Goal (for MBE, WBE, LGBTBE, and DOBE): 9%

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Applicant Name: \_\_\_\_\_

Applicant Contact Name: \_\_\_\_\_

Applicant Contact Email: \_\_\_\_\_

Applicant Contact Phone Number: \_\_\_\_\_