

# APPENDIX D

**APPENDIX D  
APPLICATION COVER SHEET  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES  
RFA #07-19**

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          |  |

| <b>Submittals Enclosed and Separately Sealed:</b>          |  |
|--|--|
| <b>Indicate the HealthChoices Zones Being Applied For:</b> | <input type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/> L/C <input type="checkbox"/> NW <input type="checkbox"/> NE |
| <input type="checkbox"/>                                   | Technical Submittal  |
| <input type="checkbox"/>                                   | Small Diverse Business Participation Submittal   |
| <input type="checkbox"/>                                   | Contractor Partnership Program Submittal   |

| <b><i>Signature</i></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**