APPENDIX A

APPENDIX A APPLICATION COVER SHEET

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES RFA# 13-19

Enclosed in the sealed submittal is the application of the Applicant identified below for the above-referenced RFA.

Applicant Information:		
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		

Submittals Enclosed:		
Project Lot #	□ Project Lot 1	
	\Box Project Lot 2	
	Technical and Budget Submittals	

Signature	
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