

APPENDIX A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RFA# 14-17

Enclosed in two separately sealed submittals is the Application of the Applicant identified below for the above-referenced RFA:

Applicant Information:	
Applicant Name	
Applicant Mailing Address	
Project Lot	
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	

Submittals Enclosed and Separately Sealed:	
<input type="checkbox"/>	Technical Submittal
<input type="checkbox"/>	Cost Submittal

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 APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICATION.