

APPENDIX A

**APPENDIX A
APPLICATION COVER SHEET**

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RFA# 14-19**

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:	
Service Region	<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> L/C <input type="checkbox"/> SE
<input type="checkbox"/>	Technical Submittal

Signature	
Signature of an official authorized to bind the Applicant to the provisions contained in the Applicant's application:	X_____
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