

APPENDIX A

APPLICATION COVER SHEET COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

RFA# 28-18

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

| | Applicant Information: | |
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| 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 Number | | |
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| CENTRAL REGERANTERN REGERANTER | Conclosed and Separately Sealed: Legion: inittal | |

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE APPLICANT'S APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICANT'S APPLICATION