

APPENDIX A

**APPENDIX A
APPLICATION COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES**

RFA #03-24

Enclosed 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	
Organization Type	☐ For Profit ☐ Not-For-Profit ☐ Local Government
Are all proposed service providers non-profit entities?	☐ Yes ☐ No
Applicant Federal ID Number	
Applicant SAP/SRM Vendor Number	
Applicant Unique Entity Identifier	

Submittals Enclosed and Separately Sealed:	
Indicate the Proposed ECE PDO Service Region	☐ Northwest Region PDO ☐ Southwest Region PDO ☐ Central Region PDO ☐ Northeast Region PDO ☐ Southeast Region PDO ☐ Philadelphia Region PDO
☐	Technical Submittal
☐	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 APPLICANT'S APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICANT'S APPLICATION