

Appendix A

Application Cover Sheet

APPENDIX A
APPLICATION COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
25-RFA-13798

Enclosed in two separate submittals is the application of the Applicant identified below for the above-referenced RFA.

| Applicant Information: | |
|------------------------------------|---|
| 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 | |
| Organization Type | <input type="checkbox"/> For Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Local Government |
| Applicant Federal ID Number | |
| Applicant SAP/SRM Vendor Number | |
| Applicant Unique Entity Identifier | |

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

| <i>Signature</i> | |
|---|--|
| 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.