

# **APPENDIX A**

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

**25-RFA-13931**

**Enclosed is the application of the Applicant identified below for the above-referenced RFA.**

<b>Applicant Information:</b>	
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	<input type="checkbox"/> For Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Local Government
Are all proposed service providers non-profit entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Federal ID Number	
Applicant SAP/SRM Vendor Number	
Applicant Unique Entity Identifier	

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

<b>Signature</b>	
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**