

Appendix A
Application Cover Sheet

**APPENDIX A
APPLICATION COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RFA # 21-21**

Enclosed in three 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:	
Indicate the Proposed Service Region	Region _____
<input type="checkbox"/>	Technical Submittal
<input type="checkbox"/>	Cost Submittal
<input type="checkbox"/>	Contractor Partnership Program 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.