APPENDIX A Application Cover Letter

APPENDIX A APPLICATION COVER SHEET COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES 25-RFA-14235

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	 □ For Profit □ Not-For-Profit □ Local Government □ Other – Please explain
Applicant Federal ID Number	
Applicant SAP/SRM Vendor Number	
Applicant Unique Entity Identifier	
Submittals Enclosed and Submitted Separately:	
☐ Technic	al Submittal
□ Cost Su	bmittal
Signature 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.