

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

**RFA # 40-22**

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

<b>Applicant Information:</b>	
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	

<b>Submittals Enclosed:</b>	
<input type="checkbox"/>	Application Submittal (Section IV of the RFA)
<input type="checkbox"/>	Budget Submittal

<b><i>Signature</i></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.**