

# ATTACHMENT A: RFQ RESPONSE COVER SHEET

**COMMUNITY BEHAVIORAL HEALTH  
AIP RFQ 2020  
Attn: Laura York**

CORPORATE NAME OF  
APPLICANT ORGANIZATION \_\_\_\_\_

CORPORATE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROGRAM SITE LOCATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAIN CONTACT PERSON \_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OFFICIAL AUTHORIZED TO BIND APPLICANT TO A PROVIDER AGREEMENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

\_\_\_\_\_  
DATE SUBMITTED