

ATTACHMENT A

RFP RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH

Compensation Analysis

CORPORATE NAME OF
APPLICANT ORGANIZATION _____

CORPORATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIN CONTACT PERSON _____

TITLE _____ TELEPHONE # _____

E-MAIL ADDRESS _____ FAX # _____

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SIGNATURE OF OFFICIAL AUTHORIZED
TO BIND APPLICANT TO A CONTRACT

TITLE

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE

DATE SUBMITTED _____