

ATTACHMENT A: RFI RESPONSE COVER SHEET

COMMUNITY BEHAVIORAL HEALTH
Methadone Maintenance Treatment RFI 2021
Attn: Lauren Hicks, Lauren.Hicks@phila.gov

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 _____ TITLE _____

TO BIND APPLICANT TO A PROVIDER AGREEMENT

TYPED NAME OF AUTHORIZED OFFICIAL IDENTIFIED ABOVE _____

DATE SUBMITTED _____