

**ATTACHMENT A**

***RFP RESPONSE COVER SHEET***

**COMMUNITY BEHAVIORAL HEALTH**

**Population Health Management Software Solution**

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

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

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

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

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

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

—

\_\_\_\_\_  
SIGNATURE OF OFFICIAL AUTHORIZED  
TO BIND APPLICANT TO A CONTRACT

\_\_\_\_\_  
TITLE

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

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