

**ATTACHMENT A**

***RFP RESPONSE COVER SHEET***

**COMMUNITY BEHAVIORAL HEALTH**

**Transcription Services**

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 \_\_\_\_\_