

## Appendix B – RFQ Application Cover Sheet

Please complete one RFQ Application Cover Sheet for each Designated Service Area (DSA) the applicant is applying to cover. The information provided must be specific to the DSA identified in Table 1 below.

Table 1. General Applicant Information						
Legal Entity Name:						
FEIN:						
Designated Service Area (DSA) Applying to Serve:						
<input type="checkbox"/> DSA 3	<input type="checkbox"/> DSA 7	<input type="checkbox"/> DSA 9	<input type="checkbox"/> DSA 10	<input type="checkbox"/> DSA 14	<input type="checkbox"/> DSA 16	<input type="checkbox"/> DSA 17
<input type="checkbox"/> DSA 23	<input type="checkbox"/> DSA 28	<input type="checkbox"/> DSA 29	<input type="checkbox"/> DSA 31			

Table 2. Contact Information	
<i>Please provide a primary and secondary contact. Both individuals listed will be contacted with any information related to application status as well as notification of the outcome of the RFQ process.</i>	
Contact 1 First and Last Name:	Title:
Telephone Number:	Email:
Contact 2 First and Last Name:	Title:
Telephone Number:	Email:

Table 3. Physical Site Information		
Does the applicant already have a physical site location within one of the counties covered by the DSA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If <b>YES</b> , please complete the table below. If <b>NO</b> , skip this table and leave all data fields below blank.		
Doing Business As (DBA) Name:		
HFS Provider ID:	<input type="checkbox"/> N/A	NPI: <input type="checkbox"/> N/A
Address:		
City:	State:	Zip Code:

Table 4. Mobile Crisis Response Partnership Information		
Is the applicant proposing partnering with any other provider organizations for the delivery of Mobile Crisis Response (MCR) services and responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If <b>YES</b> , please complete the table below with as much information as possible. If multiple provider organizations are proposed as partners for MCR, please provide an attachment that lists information for each of the partner organizations.		
If <b>NO</b> , skip this table and leave all data fields below blank.		
Legal Entity Name:		
DBA Name:		
FEIN:	HFS Provider ID:	NPI:
MCR Site Address:		
City:	State:	Zip Code: