**ATTACHMENT A Cover Sheet**

**Peer Mentoring and Supportive Services for the Benefit Bridge Program**

**Bid No: SC06-21R**

**Name of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please Print or type)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_(ext)\_\_\_\_\_E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Names**: Provider must include the names of individuals authorized to negotiate with HCJFS.

**Person(s) authorized to negotiate with HCJFS:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*Please Print)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Complete Rate Grid below.**

|  |  |
| --- | --- |
| **Cost Reimbursement for Initial Term of 7 months**  **12/01/2021 – 06/30/2022** | **Cost Reimbursement for one (1) Optional Renewal Year 07/01/2022-06/30/2023** |
| **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Certification:** I hereby certify the information and data contained in this proposal are true and correct. The Provider’s governing body has authorized this application and document, and the Provider will comply with the attached representation if the contract is awarded.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature - Authorized Representative Title Date**

**By signing and submitting this proposal Cover Sheet, Provider certifies the proposal and pricing will remain in effect for 180 days after the proposal submission date.**

***Please complete the next page of this form containing a checklist to verify that everything required to be submitted as part of your proposal is included.***

**RFP Submission Checklist**

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it

to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

|  |  |  |
| --- | --- | --- |
| **Action Required** | **RFP**  **Section** | **Included** |
| Did you register for the RFP process by October 12, 2021? | 3.3 |  |
| Will your Proposal be submitted by 11:00 a.m. on or before October 29, 2021? | 4.4 |  |
| Did you include all the Contact Information on the Cover Sheet? | 2.1 |  |
| Did you include the Unit Rate for the Initial Term on the Cover Sheet? | 2.1 |  |
| Did you include the Unit Rate for the First Renewal Term on the Cover Sheet? | 2.1 |  |
| Did you sign the Cover Sheet? | 2.1 |  |
| Is a response to each Program Component included? | 1.2.2 |  |
| Is a response to each System and Fiscal Administration Component included? | 2.8 |  |