

---Program Instructions – remove from the final Version---

**Program: Remember to protect this form after you have entered the appropriate information (in highlighted areas) and before you post this document. Delete this instruction prior to posting.**

**REQUEST FOR APPLICATIONS COVER SHEET & SIGNATURE PAGE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | [date published] | | | **RFA Number:** | | | [insert #] | | |
| **Submit Sealed Applications to:** | Colorado Department of Public Health & Environment  >insert program name<  4300 Cherry Creek Drive South  Denver, CO 80246 | | | **CDPHE Contact:** | | | [insert name] | | |
| **RFA Submission Deadline:** | [date due]  [insert time] p.m. (Mountain Time)  Caution: Daily mail may not be received prior to 4 pm. Applicants are responsible to ensure timely receipt. | | |  | | |  | | |
| [**INSERT TITLE HERE**]  Per the attached specifications, terms and conditions | | | | | | | | | |
| **\*F.E.I.N.:** | |  |
| **DUNS:** | |  |
| **Authorized Signature:** | |  | | | | | | | |
|  | | *Original signature (in ink) acknowledges acceptance of all terms and conditions of the solicitation.* | | | | | | | |
| **Typed/Printed Name:** | |  | | | | | | | |
| **Title:** | |  | | | | | | | |
| **Company Name:** | |  | | | | | | | |
| **Address:** | |  | | | | | | | |
| **City:** | |  | | | **State:** |  | | **Zip:** |  |
| **Phone Number:** | |  | | | **Fax Number:** | |  | | |
| **Contact for Clarifications:** | |  | | | | | | | |
| **Title:** | |  | | | | | | | |
| **Phone Number:** | |  | | **Fax Number:** | | |  | | |
| **Email Address:** | |  | | | | | | | |
| **IMPORTANT:** The following information must be on the outside of the Application Packaging or referenced in the subject line if the application may be submitted electronically:  >Insert Solicitation Number<  Applicants are urged to read the solicitation document thoroughly before submitting an application. **THIS PAGE MUST BE COMPLETED, SIGNED (in ink) AND RETURNED WITH RESPONSE** | | | | | | | | | |
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