**APPENDIX A**

**Request for Quote Cover Sheet**

**Lead Applicant:** Click or tap here to enter text.

1. **Contact Information**

Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Principal Contact Person: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

Fiscal Contact Person: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

Executive Director: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

1. **Legal Information**

Type of organization: For-profit [ ] : Non-Profit:[ ]  Government: [ ]  Education Institution[ ] :

Federal Employer Identification Number (FEIN): Click or tap here to enter text.

Please provide your current [DUNS Number](https://www.dnb.com/duns-number/get-a-duns.html): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please provide your current [CAGE Code](https://cage.dla.mil/): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Requirements / Documents** *(proposals submitted without these documents will be considered incomplete, please see associated links for more information and instructions as to how to acquire them) Please note that a single copy of all requirements below must be submitted for EACH Partner, in addition to the lead applicant (if applicable).*
* Registration in the [System for Award Management](https://www.sam.gov/SAM/) (SAM)
* Certificate of Liability Insurance; Including Cyber Security Coverage
* Most recent financial audit
* Certificate of Worker’s Compensation Insurance
* W9
1. **Additional Requirements**
* Agree to Use Partner4Work’s Contract Management Software, Parley Pro, for Contract Negotiation
* By submitting your proposal you certify that you are compliant with the following [PA state integrity policy](https://www.health.pa.gov/topics/Documents/Administrative/contractor_integrity_provisions_7-30-10_doc.pdf). If you are not, please submit along with your proposal a written explanation of why such certification cannot be made