



EXHIBIT B COVER LETTER

RFP No. 2022.02.BHTC

This portion of the RFP will not be scored. Please complete this form as part of your submission to the RFP and include answers for each requirement directly on this sheet. If you do not have information for one or more sections, enter N/A or “none”. Please do not leave any section blank.

1. ORGANIZATION INFORMATION

Legal Name of Organization (per the IRS):							
DBA Name of Organization (if applicable):							
Historic Name(s) of Organization (same ownership only):							
Street Address:							
Address Line 2:							
City:		State:		Zip:			
RFP Contact:		Title:					
Phone:		Email:					
Organization TIN (primary):			Select one: For profit Non-profit				
Organization UBI:			Organization DUNS:				
Ownership Type (select one):		Sole proprietorship		City/County/State owned			
		Corporation/LLC/Partnership		Federally owned			
Organization Contacts (As Applicable)		Name		Phone		Email	
Executive Director/CEO/President:							
Financial Manager/CFO:							
Clinical Director:							
Contracts Manager:							

The individual executing this Attestation is duly authorized and has the proper authority and proper authorization to execute this Attestation and does so with the intent to fully bind Facility/Agency to the truthfulness of its answers.

Signature: _____

Printed Name: _____

Date: _____