FORM A - COVER PAGE

Child Care Access & Affordability Pilot
Payment Administrator RFP

Please complete the information below

Entity Name:	
Entity Address:	
City/State/Zip Code:	
Phone:	
Contact Person Name and Title:	
Contact Person's Email:	
Total Amount Requesting	$
By signing below, you certify that the information contained in this submission is true and accurate to the best of your knowledge and belief. You further certify that this proposal is submitted with the full knowledge and endorsement of the governing board/leadership of this entity, if applicable, which is empowered to enforce compliance with all contract conditions. You understand that this submission will remain valid for a period of no less than 180 days from the date of submittal.	
Representative authorizing the submission of this proposal.	**Name:**
	Title:
	Date:
	Signature (digital or scanned):