**COVER SHEET**

##### STATE OF CONNECTICUT

**DEPARTMENT OF SOCIAL SERVICES**

HBPO RFP\_07022019

Healthcare Business Process Outsourcing Request for Proposals

|  |  |  |
| --- | --- | --- |
|  |  | **(   )   -** |
| Primary Business Name | FEIN | Telephone Number |
|  | **,** |  |
| Business Address | Town, State | Zip Code |

**Contact Person** (*Individual who can provide additional information about the proposal or who has immediate responsibility for the proposal*)**:**

|  |  |  |
| --- | --- | --- |
|  |  | **(   )   -** |
| Name | Title | Telephone Number |
|  | **,** |  |
| Street Address | Town, State | Zip Code |
|  | **(   )   -** |
| E-mail Address | Facsimile Number |

**Authorized Official** (*Individual empowered to enter into and amend contractual instruments in the name and on behalf of the Contractor*)**:**

|  |  |  |
| --- | --- | --- |
|  |  | **(   )   -** |
| Name | Title | Telephone Number |
|  | **,** |  |
| Street Address | Town, State | Zip Code |
|  | **(   )   -** |
| E-mail Address | Facsimile Number |
|  |
| Signature |