

COVER SHEET

DMHAS-EBP-SUE-2025
Department of Mental Health and Addiction Services
Due Date: 7/18/2025 3:00 PM EST

Primary Business Name

FEIN # & DUNS#

Business Address

Telephone Number

Town, State

Zip Code

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

Name

Title

Street Address

Town, State, Zip Code

Telephone Number

Facsimile Number

E-mail Address

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

Name

Title

Street Address

Town, State, Zip Code

Telephone Number

Facsimile Number

E-mail Address

Signature

Total Amount of Proposal: _____