

### PROVIDER COVER SHEET

Legal Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Chief Operating Officer: \_\_\_\_\_

Recipient Rights Advisor: \_\_\_\_\_

**Bidding for the Following Services (Please Indicate Below):**

- Assessment
- Outpatient
- Withdrawal Management (Sub-Acute Detoxification Services)
- Residential Services
- Medication Assisted Treatment (MAT) (Methadone)

**SIGNED STATEMENT OF AUTHORITY**

I \_\_\_\_\_ AM THE \_\_\_\_\_

**Name of Official** **Title of Official**

OF \_\_\_\_\_

**Name of Bidding Organization**

I AM AUTHORIZED TO MAKE THE FOLLOWING PROPOSAL ON BEHALF OF THE ORGANIZATION NAMED ABOVE.

I HEREBY CERTIFY: The bidding organization understands and will comply with the specific assurances and certifications contained in this proposal, and further; that the bidding organization understands and will comply with the rules, regulations and policies of the Michigan Department of Health and Human Services (MDHHS). All responses to this Request for Proposal (RFP) concerning the respondent organization, its operation and proposed program are true and accurate. The bidding organization understands that this proposal is an application for funding and does not ensure subsequent funding. If selected for funding, the bidding organization will be bound by the information contained herein as well as the terms and conditions of the resultant contract.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**