

Sioux Empire Triage Center  
**Request for Proposals for Community Triage Center  
Cover Page**

RFP Released: February 21, 2020

**Applicant Information**

*Provider Name: <input style="width: 95%;" type="text"/>	Federal ID Number: <input style="width: 95%;" type="text"/>
Street Address: <input style="width: 95%;" type="text"/>	City: <input style="width: 95%;" type="text"/>
State: <input style="width: 95%;" type="text"/>	Zip: <input style="width: 95%;" type="text"/>
Legal Status (Check one) <input type="checkbox"/> Non Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Quasi-Governmental <input type="checkbox"/> Other (specify):	
Name of Director: <input style="width: 95%;" type="text"/>	Phone Number: <input style="width: 95%;" type="text"/>
Director's E-mail: <input style="width: 95%;" type="text"/>	Fax Number: <input style="width: 95%;" type="text"/>

Typed Name of Authorized Person

Title of Authorized Person

Signature of Authorized Person

Date

\*If applicant is submitting this proposal in collaboration with other entities, please specify the entity(ies) name(s):