



**Request for Application
Cover Letter**

The attached Application must be received no later than the date and time specified in the Calendar of Events, Section IX., and must be sent to:

**BBHC
Provider Relations Department
Attention: Application for Pre-Qualification
3521 W Broward Blvd. Suite #205
Fort Lauderdale, FL 33312
Phone: 305-514-5227**

_____ (Insert Applicant Agency Full Name) hereby submits its application in response to the Broward Behavioral Health Coalition (BBHC) Request for Application #RFA18002.	
Authorized Agency Official	
Title	
Mailing Address	
Email Address	
Telephone Number	
Date	
RFA #	RFA#18002

Any person with a qualified disability shall not be denied equal access and effective communication regarding any applications/application documents or the attendance at any related meeting or application opening. To request accommodations due to a disability, please contact BBHC's Provider Relations Department at (305) 514-5227 at least five (5) business days in advance.



Question Submission: Questions shall be submitted in writing and sent to Providers.bbhc@concordiabh.com, and shall be received by the date specified in Section IX., Calendar of Events, noted in the RFA. The intent of this deadline is to provide BBHC sufficient time to prepare responses.