



**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:  
[providers.bbhc@concordiabh.com](mailto:providers.bbhc@concordiabh.com)

<p align="center">_____ <b>(Insert Applicant Agency Full Name)</b> hereby submits its application in response to the Broward Behavioral Health Coalition (BBHC) Request for Application #RFA 22-001.</p>	
<b>Authorized Agency Official</b>	
<b>Title</b>	
<b>Mailing Address</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	
<b>Date</b>	
<b>RFA #</b>	<b>RFA#22-001</b>

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](mailto: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.