



**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:

**Concordia Behavioral Health
Provider Relations Department
Attention: Application for Pre-Qualification
1717 Southeast Fourth Avenue
Fort Lauderdale, Florida 33316
Phone: 305-514-5214**

(Insert Applicant Agency Full Name) hereby submits its application in response to the Broward Behavioral Health Coalition (BBHC) Request for Application #RFA16001.	
Authorized Agency Official	
Title	
Mailing Address	
Email Address	
Telephone Number	
Date	
RFA #	RFA#16001

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) 514-5214 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. The intent of this deadline is to provide BBHC sufficient time to prepare responses.