



## Appendix A: Cover Form

### Mnasure Request for Proposals: Small Business Health Options Program Tools, System Integration, and System of Record

---

All Responders are requested to complete and submit this RFP Cover Form, Appendix A, which identifies the number and type of solution(s) and cost proposals included by the Responder.

Responder Name: \_\_\_\_\_

#### Proposals Submitted for Solutions (check all that apply)

- Consumer Shopping, Enrollment System of Record and Decision Support Tools
- Small Business Health Options Program Tools
- Program Oversight and System Integration

Number of cost proposals (standalone): \_\_\_\_\_

Number of cost proposals (bundled): \_\_\_\_\_