ALABAMA DEPARTMENT OF HUMAN RESOURCES

# PROPOSED SERVICE SUMMARY FORM

| PROCUREMENT INFORMATION | |
|---|---|
| **RFP Number: 2014-100-05** | **RFP Title:** ***Crisis Intervention Placement Programs*** |
| **Proposal Due Date and Time:**<br>***Thursday, June 12, 2014***<br>***12:00 p.m., Central Time*** | **Issuing Division:**<br>***Family Services*** |

**VENDOR INFORMATION**

(Fill in the information fields below and return this form with original proposal)

**Vendor:**_____

**Address:**_____

**City:**_____ **State:**_____ **Zip:**_____

**Telephone: (  )**_____ **Fax: (  )**_____

**Email address:**_____

**Authorized Signatory:**_____

**SERVICE INFORMATION**

***Special instructions:*** *Submit one copy of the Proposed Service Summary Form in separate envelope. Using a paper clip attach the envelope to the original proposal. Do not number the Proposed Service Summary Form. This form is not included in the page limit.*

**Check the box of the gender(s) and indicate the age(s) of the population to be served.**

| | |
|---|---|
| **Male** ☐ | **Female** ☐ |
| **Age: _____years** | **Age: _____years** |
| **Number of Slots: _____** | **Number of Slots: _____** |
| **Rate: $_____** | **Rate: $_____** |

**DHR Residential Child Care Facility License** ☐ **Application** ☐

**504 Assurance of Compliance (attach a copy)** ☐