



# ALABAMA DEPARTMENT OF HUMAN RESOURCES PROPOSED SERVICE SUMMARY FORM

PROCUREMENT INFORMATION	
<b>RFP Number:</b> 2014-100-02	<b>RFP Title:</b> <i>Moderate Residential Services for Children</i>
<b>Proposal Due Date and Time:</b> <i>Thursday, June 12, 2014 12:00 p.m., Central Time</i>	<b>Issuing Division:</b> <i>Family Services</i>

VENDOR INFORMATION	
(Fill in the information fields below and return this form with original proposal)	
<b>Vendor:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____
<b>Zip:</b> _____	
<b>Telephone:</b> (    ) _____	<b>Fax:</b> (    ) _____
<b>Email address:</b> _____	
<b>Authorized Signatory:</b> _____	

SERVICE INFORMATION	
<i>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.</i>	
<b>Check the box of the gender(s) and indicate the age(s) of the population to be served.</b>	
<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>
<b>Age:</b> _____ years	<b>Age:</b> _____ years
<b>Number of Slots:</b> _____	<b>Number of Slots:</b> _____
<b>Rate:</b> \$ _____	<b>Rate:</b> \$ _____

LICENSING INFORMATION	
<b>DHR Residential Child Care Facility</b> License <input type="checkbox"/> Application <input type="checkbox"/>	<b>Mental Health /Mental Illness Division</b> License <input type="checkbox"/> Application <input type="checkbox"/>
<b>504 Assurance of Compliance (attach a copy)</b> <input type="checkbox"/>	<b>Life Safety Report (attach a copy)</b> <input type="checkbox"/>