



ALABAMA DEPARTMENT OF HUMAN RESOURCES
PROPOSED SERVICE SUMMARY FORM

PROCUREMENT INFORMATION	
RFP Number: 2014-100-04	RFP Title: <i>Mother and Infant Services</i>
Proposal Due Date and Time: <i>Thursday, June 12, 2014 12:00 p.m., Central Time</i>	Issuing Division: <i>Family Services</i>

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: _____

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.

Female <input type="checkbox"/>
Age: _____ years
Number of Slots: _____
Rate: \$ _____

DHR Child Placing Agency License <input type="checkbox"/> Application <input type="checkbox"/> or Residential Child Care Facility License <input type="checkbox"/>
Application <input type="checkbox"/>
504 Assurance of Compliance (attach a copy) <input type="checkbox"/>