



ALABAMA DEPARTMENT OF HUMAN RESOURCES PROPOSED SERVICE SUMMARY FORM

PROCUREMENT INFORMATION	
RFP Number: 2014-100-07	RFP Title: <i>Transitional Living/Independent Living Programs</i>
Proposal Due Date and Time: <i>Thursday, July 10, 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: _____

SERVICE INFORMATION									
County/Countries to be served (list additional counties on a separate sheet and attach sheet to this form):									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. _____</td> <td style="width: 33%;">2. _____</td> <td style="width: 33%;">3. _____</td> </tr> <tr> <td>4. _____</td> <td>5. _____</td> <td>6. _____</td> </tr> <tr> <td>7. _____</td> <td>8. _____</td> <td>9. _____</td> </tr> </table>	1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____	8. _____	9. _____
1. _____	2. _____	3. _____							
4. _____	5. _____	6. _____							
7. _____	8. _____	9. _____							
Check the box of the gender(s) and indicate the age(s) of the population to be served.									
Male <input type="checkbox"/>	Female <input type="checkbox"/>								
Age: _____ years	Age: _____ years								
Number of Slots: _____	Number of Slots: _____								
Rate: \$ _____	Rate: \$ _____								

DHR Child Care 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"/>