



ALABAMA DEPARTMENT OF HUMAN RESOURCES PROPOSED SERVICE SUMMARY FORM

| PROCUREMENT INFORMATION | |
|--|---|
| RFP Number: 2009-100-11 | RFP Title: <i>Transitional/Independent Living Programs</i> |
| Proposal Due Date and Time: <i>Tuesday, August 25, 2009 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. | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Male <input type="checkbox"/></td> <td style="width: 50%; border: none;">Female <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Age: _____ years</td> <td style="border: none;">Age: _____ years</td> </tr> <tr> <td style="border: none;">Number of Slots: _____</td> <td style="border: none;">Number of Slots: _____</td> </tr> <tr> <td style="border: none;">Rate: \$ _____</td> <td style="border: none;">Rate: \$ _____</td> </tr> </table> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Age: _____ years | Age: _____ years | Number of Slots: _____ | Number of Slots: _____ | Rate: \$ _____ | Rate: \$ _____ | |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | | | | | | | | |
| Age: _____ years | Age: _____ years | | | | | | | | |
| Number of Slots: _____ | Number of Slots: _____ | | | | | | | | |
| Rate: \$ _____ | Rate: \$ _____ | | | | | | | | |

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| 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"/> |