APPENDIX F: COST PROPOSAL

Contract Number:		**DHR USE ONLY**	**Taxpayer ID#:**
Agency:			
Address:			
Project Title:			
Budget Period:	**June 1, 2025**	**to**	**May 31, 2027**

Rate Information:

YEAR 1: (JUNE 01, 2025 – MAY 31, 2026)

Proposed Cost for Year 1: Number of Male Slots _____x $ _____Fixed Daily Rate X 365 Days =$_____Total Annual Cost

Proposed Cost for Year 1: Number of Female Slots _____x $ _____Fixed Daily Rate X 365 Days =$_____Total Annual Cost

YEAR 2: (JUNE 01, 2026 – MAY 31, 2027)

Proposed Cost for Year 2: Number of Male Slots _____x $ _____Fixed Daily Rate X 365 Days =$_____Total Annual Cost

Proposed Cost for Year 2: Number of Female Slots _____x $ _____Fixed Daily Rate X 365 Days =$_____Total Annual Cost