

Houston-Galveston Area Council

Contractor Bid Sheet

Proposers should complete a service delivery and bidding sheet for each service they propose to deliver. Service descriptions are identified in the Scope of Services section of the Contractor Information Package. Additional bid proposal information (written bid proposals, budgets, and/or standard fee schedules) may be necessary for some services. Documentation of Standard Fees, such as a fee schedule or certification of cost, is required for organizations proposing to provide services at reduced rates. **A Standard Fee Schedule should be attached.**

The Contractors are required to report all matching funds collected for all program areas. **A 25% match is required for Title III-E services under this proposal.** Program Match may consist of three components: local cash, in-kind resource match, and/or in-kind Contractor discount match which is providing services at reduced rate or pro-bono. For more details, refer to section Program Match Requirements in the Contractor Handbook and the Identifying & Valuing In-Kind in the Contractor Handbook Appendix.

Contractor Name:
Proposed Service: Caregiver Respite Care
Define a Unit of Service: One Hour
Define Service Delivery Area:
<u>Service Delivery Capacity</u> Enter the total number of units your organization plans to deliver for the year: _____ Enter the total number of clients your organization plans to serve for the year: _____ Enter the number of staff your organization has to perform this service: _____ Attach a description of your service delivery plan. Description should not exceed 1 page <input type="checkbox"/>
Standard Fee for this service: \$ _____ See attached standard fee schedule (required for reduced rate & pro-bono bid proposals) <input type="checkbox"/>
Proposed Discounted Fee for this service: \$ _____ See attached written bid proposal and/or budget <input type="checkbox"/>
Percentage Match for this service: 25% See attached in-kind certification form <input type="checkbox"/>
I certify that the information contained in this application is true and fairly represents the organization and its proposed cost for the specified service. I acknowledge that I have read and understand the requirements and provisions with this bid proposal and the organization is prepared to implement the program as specified in this application.

Name of Authorized Official

Signature of Authorized Official

Signature and Date

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The Contractors are required to report all matching funds collected for all program areas. **A minimum 15% match is required for Title IIIB services under this proposal.** Program Match may consist of three components: local cash, in-kind resource match, and/or in-kind Contractor discount match which is providing services at reduced rate or pro-bono. For more details, refer to section Program Match Requirements in the Contractor Handbook and the Identifying & Valuing In-Kind in the Contractor Handbook Appendix.

Contractor Name:
Proposed Service: Personal Assistance
Define a Unit of Service: One Hour
Define Service Delivery Area:
<u>Service Delivery Capacity</u> Enter the total number of units your organization plans to deliver for the year: _____ Enter the total number of clients your organization plans to serve for the year: _____ Enter the number of staff your organization has to perform this service: _____ Attach a description of your service delivery plan. Description should not exceed 1 page <input type="checkbox"/>
Standard Fee for this service: \$ _____ See attached standard fee schedule (required for reduced rate & pro-bono bid proposals) <input type="checkbox"/>
Proposed Discounted Fee for this service: \$ _____ See attached written bid proposal and/or budget <input type="checkbox"/>
Percentage Match for this service: 15% See attached in-kind certification form <input type="checkbox"/>
I certify that the information contained in this application is true and fairly represents the organization and its proposed cost for the specified service. I acknowledge that I have read and understand the requirements and provisions with this bid proposal and the organization is prepared to implement the program as specified in this application.

Name of Authorized Official

Signature of Authorized Official

Signature and Date