Contractor Bid Sheet

Complete this bidding sheet. Additional proposal information (written 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. **Attach a Standard Fee Schedule.**

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. A 25% match is required for Title IIIE 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: **Health Maintenance**
Define a Unit of Service: **One Contact**
Define Service Delivery Area:
Service Delivery Capacity 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.
Standard Fee for this service: **$_____** Attached standard fee schedule (required for reduced rate & pro-bono bid proposals)
Proposed Discounted Fee for this service: **$_____** Attached written bid proposal and/or budget
Percentage Match for this service:_____% Attached in-kind certification form

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