|  |  |
| --- | --- |
| **COVER PAGE: PROGRAM AND ORGANIZATIONAL INFORMATION** | |
| **Program** |  |
| **Organization Name** |  |
| **Address** |  |
| **Website** |  |
| **Leadership/ Director** |  |
| **Telephone/ Fax Number** |  |
| **E-mail** |  |
| **Aide Supervisor Contact** |  |
| **Telephone/ Fax Number** |  |
| **E-mail** |  |
| **Data Entry Contact** |  |
| **Telephone/ Fax Number** |  |
| **Email** |  |
| **Billing Contact Name** |  |
| **Telephone/**  **Fax Number** |  |
| **E‐mail** |  |

|  |
| --- |
| **Section I-ORGANIZATIONAL INFORMATION, CAPACITY AND EXPERIENCE** |
| Please include current capacity and anticipated capacity levels for the full agreement period (5 years) |
| **Section III –Professional Services required – Plan to provide PCA I/Housekeeping and/or II in accordance with requirements stated in the RFP** |
| A: Categorical Requirements: |
|  |
| B: All proposal requirements a-p  C. PCA I and II proposals |
| **ADDITIONAL INFORMATION PROPOSER(S) WISH TO PROVIDE** |
|  |

**\*\*\*THE FOLLOWING PAGES DO NOT COUNT TOWARDS THE 10 PAGES FOR PROPOSAL**

**PLEASE INSERT ORGANIZATIONAL CHART HERE**

**PLEASE INSERT RESUMES OF LEADERSHIP/DIRECTOR, AIDE SUPERVISOR(S), BILLING AND DATA ENTRY PERSONNEL**

**Appendix C**

**Agency Client Capacity**

|  |  |  |
| --- | --- | --- |
|  | **Personal Care Level 1/Housekeeping** | **PCA Level 2** |
| **Current # of Staff** |  |  |
| **Total # of Clients Being Served** |  |  |
| **Total # of ECDSrS Clients Being Served** |  |  |
| **Maximum # of Clients That Can Be Served** |  |  |

**Appendix D**

**Cost Proposal**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Type** | **Minimum Pay Rate to Worker** | **All other Costs** | **Total Cost per hour of service** |
| **Personal Care Assistance Level 1/Housekeeping** | $ | $ | $ |
|  |  |  |  |
| **Personal Care Assistance Level 2** | $ | $ | $ |