Attachment B

PROPOSAL COST STATEMENT Adult Day Services

1. This proposal statement is presented in response to the RFP issued by Adams County Office for Aging, Inc. on January 20, 2024, for the purpose of providing Adult Day Services to the older residents of Adams County.

2. T	The	_ (Provider) having its office
lo	ocated at	, hereby offer the following

quotation:

\$ _____ cost per Full Day

\$ _____ cost per Half Day with meal

\$ _____ cost per Half Day without meal

\$_____cost of personal care

In compliance with the Request for Proposal and subject to all conditions thereof, the undersigned provider agrees, if this proposal is accepted, to furnish all items upon which prices are quoted at the price set opposite each item. <u>The term of this proposal will hold</u> <u>until June 30, 2024</u>.

Executed at:	Date:
By:	
Title:Lawfully Authorized Official of the F	
Telephone Number:	

COST ANALYSIS

Include a line item budget with the Proposal Cost Statement. This line item budget must follow this major object format. It must break out expenses for each major object, and must clearly break down how the unit cost was determined. Please use additional sheets of paper, as necessary.

Major Objects:

- I. Personnel (to include wage rates, total wages and fringe benefits by type, by position)
- II. Occupancy
- III. Communications
- IV. Supplies & Minor Equipment
- V. Transportation
- VI. Contract Services
- VII. Other Operating Expenses
- VIII. Fixed Assets