**6126 Z1 Cost Proposal**

**Foster and Adoptive Parent Home Study Services**

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the tables below bidder must provide a rate per home study for each Service Area and each term. Rates provided must be inclusive of all expenses, including but not limited to: travel, personnel and administrative costs. Bidder can submit pricing for any or all Service Areas, but must be able to provide services for all counties within a Service Area. Refer to attachment “A” for location of counties.

**Home Studies**

|  |  |  |
| --- | --- | --- |
| Nebraska Service Areas: | Initial Term Year One | Initial TermYear Two |
| Eastern Service Area | $ | $ |
| Northern Service Area | $ | $ |
| Southeast Service Area | $ | $ |
| Central Service Area | $ | $ |
| Western Service Area | $ | $ |

For the purposes of scoring, DHHS will estimate the number of studies provided in Section V.B. of the RFP.

**Optional Home Studies Renewal Periods**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nebraska Service Areas: | Renewal One Year Three | Renewal Two Year Four | Renewal Three Year Five | Renewal FourYear Six |
| Eastern Service Area | $ | $ | $ | $ |
| Northern Service Area | $ | $ | $ | $ |
| Southeast Service Area | $ | $ | $ | $ |
| Central Service Area | $ | $ | $ | $ |
| Western Service Area | $ | $ | $ | $ |

**Optional Foster Care Home Study to Renew License**

In the tables below bidder must provide a rate per optional Renewal Foster Care home study for each Service Area and each term. Rates provided must be inclusive of all expenses, including but not limited to: travel, personnel and administrative costs. Bidder can submit pricing for any or all Service Areas, but must be able to provide services for all counties within a Service Area. Refer to attachment “A” for location of counties.

|  |  |  |
| --- | --- | --- |
| Nebraska Service Areas: | Initial Term Year One | Initial TermYear Two |
| Eastern Service Area | $ | $ |
| Northern Service Area | $ | $ |
| Southeast Service Area | $ | $ |
| Central Service Area | $ | $ |
| Western Service Area | $ | $ |

**Optional Renewal Periods for Foster Care Home Study to Renew License**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nebraska Service Areas: | Renewal One Year Three | Renewal Two Year Four | Renewal Three Year Five | Renewal FourYear Six |
| Eastern Service Area | $ | $ | $ | $ |
| Northern Service Area | $ | $ | $ | $ |
| Southeast Service Area | $ | $ | $ | $ |
| Central Service Area | $ | $ | $ | $ |
| Western Service Area | $ | $ | $ | $ |