

Cost Proposal

RFQ 11176526

Transitional Living Housing, including Mental Health Programming, for Parole clients

Bidder Name: Bell House / Hope House

All operating expenses associated with the transitional living services to be provided, including without limitation, service fees, mortgage or lease, salaries, wages, prevailing wages, payroll taxes, benefits, materials, equipment, tools, parts, supplies, preventative and remedial maintenance contracts, insurance, and damage deposits, must be included with the per diem rate invoiced to NBOP/Division of Parole Supervision. No ancillary or auxiliary costs shall be billed.

Bidder must provide a cost per client per day, cost per client per week and cost per client per month.

LICENSED HALFWAY HOUSE		Initial contract term		Renewal 1		Renewal 2	
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Location	Omaha Regional Office						
COST PER CLIENT	PER DAY						
COST PER CLIENT	PER WEEK						
COST PER CLIENT	PER MONTH						

TRANSITIONAL LIVING WITH PROGRAMMING		Initial contract term		Renewal 1		Renewal 2	
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Location	Omaha Regional Office						
COST PER CLIENT	PER DAY	55.33	56.44	57.58	58.76	59.97	61.22
COST PER CLIENT	PER WEEK	387.31	389.48	403.06	411.32	419.79	428.54
COST PER CLIENT	PER MONTH	1,659.90	1,693.20	1,727.04	1,726.80	1,799.10	1,836.60

TRANSITIONAL LIVING / SAFE AND SOBER LIVING WITHOUT PROGRAMMING		Initial contract term		Renewal 1		Renewal 2	
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Location	Omaha Regional Office						
COST PER CLIENT	PER DAY						
COST PER CLIENT	PER WEEK						
COST PER CLIENT	PER MONTH						