

Provider Name: Deborah's Legacy, Inc.      NORTH PLATTE\_\_\_\_\_

Operating expenses associated with the transitional living services to be provided, including without limitation, service fees, mortgage or lease payments, utilities, 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.

Provider 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

**Lincoln Regional Office**

**COST PER CLIENT**

R DAY

ST PER CLIENT

R WEEK

ST PER CLIENT

R MONTH

**TRANSITIONAL LIVING WITH PROGRAMMING**

Initial contract term

Renewal 1

Renewal 2

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6

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**coln Regional Office**

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R WEEK

ST PER CLIENT  
R MONTH

**TRANSITIONAL LIVING / SAFE AND SOBER LIVING WITHOUT PROGRAMMING**

Initial contract term

Renewal 1

Renewal 2

Year 1

Year 2

Year 3

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Year 6

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**coln Regional Office**

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**LICENSED HALFWAY HOUSE**

Initial contract term

Renewal 1

Renewal 2

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6

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**aha Regional Office**

ST PER CLIENT

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R WEEK

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R MONTH

**TRANSITIONAL LIVING WITH PROGRAMMING**

Initial contract term

Renewal 1

Renewal 2



Year 1

Year 2

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Year 5

Year 6

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**aha Regional Office**

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**TRANSITIONAL LIVING / SAFE AND SOBER LIVING WITHOUT PROGRAMMING**

Initial contract term

Renewal 1

Renewal 2

Year 1

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Year 6

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**aha Regional Office**

ST PER CLIENT

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R MONTH

Provider Name: \_\_\_\_\_

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Renewal 1

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Year 1

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Information

Grand Island Regional Office

ST PER CLIENT  
R DAY

ST PER CLIENT  
R WEEK

ST PER CLIENT  
R MONTH

**TRANSITIONAL LIVING WITH PROGRAMMING**

Initial contract term

Renewal 1

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Year 1

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**nd Island Regional Office**

ST PER CLIENT

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ST PER CLIENT  
R WEEK

ST PER CLIENT  
R MONTH

**TRANSITIONAL LIVING / SAFE AND SOBER LIVING WITHOUT PROGRAMMING**

Initial contract term



Renewal 1

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**nd Island Regional Office**

ST PER CLIENT

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ST PER CLIENT

R WEEK

ST PER CLIENT  
R MONTH

ler Name: \_\_\_\_\_

operating expenses associated with the transitional living services to be provided, including without limitation, service fees, mortgage or lease payments, utilities, 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 costs shall be billed.

Vendor 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

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ation

**Meetings Regional Office**

COST PER CLIENT

PER DAY

ST PER CLIENT  
R WEEK

ST PER CLIENT  
R MONTH

**TRANSITIONAL LIVING WITH PROGRAMMING**

Initial contract term

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Year 1

Year 2

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**tings Regional Office**

ST PER CLIENT

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ST PER CLIENT

R WEEK

ST PER CLIENT

R MONTH

**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

ation

**tings Regional Office**

ST PER CLIENT

R DAY

ST PER CLIENT

R WEEK

ST PER CLIENT  
R MONTH



Provider Name: \_\_\_\_\_

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Year 1

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Information

**Arney Regional Office**

**COST PER CLIENT**

R DAY

ST PER CLIENT

R WEEK

ST PER CLIENT

R MONTH

**TRANSITIONAL LIVING WITH PROGRAMMING**

Initial contract term

Renewal 1

Renewal 2

Year 1

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**orney Regional Office**

ST PER CLIENT

R DAY

ST PER CLIENT  
R WEEK

ST PER CLIENT  
R MONTH

**TRANSITIONAL LIVING / SAFE AND SOBER LIVING WITHOUT PROGRAMMING**

Initial contract term

Renewal 1

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Year 1

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ation

**Arney Regional Office**

ST PER CLIENT

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ST PER CLIENT

R WEEK

ST PER CLIENT

R MONTH

Client Name: DEBORAH'S LEGACY | North Platte. \_\_\_\_\_

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Initial contract term

Renewal 1

Renewal 2

Year 1

Year 2

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Location

North Platte Regional Office

COST PER CLIENT

PER DAY

ST PER CLIENT  
R WEEK

ST PER CLIENT  
R MONTH



**TRANSITIONAL LIVING WITH PROGRAMMING**

Initial contract term

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Year 1

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th Platte Regional Office

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Year 3 Upon Review

Year 4 Upon Review

Year 5 Upon Review

Year 6 Upon Review

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Year 3 Upon Review

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Year 5 Upon Review

Year 6 Upon Review

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Year 3 Upon Review

Year 5 Upon Review

Year 5 Upon Review

Year 6 Upon Review

**TRANSITIONAL LIVING / SAFE AND SOBER LIVING WITHOUT PROGRAMMING**

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**th Platte Regional Office**

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Provider Name: \_\_\_\_\_

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**LICENSED HALFWAY HOUSE**

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**Attstbluff Regional Office**

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**tttsbluff Regional Office**

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**TRANSITIONAL LIVING / SAFE AND SOBER LIVING WITHOUT PROGRAMMING**

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**Attstbluff Regional Office**

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**Folk Regional Office**

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**folk Regional Office**

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**folk Regional Office**

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Provider Regional Office's

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