Cost Proposal REV1

RFQ 111765 Z6

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

Bidder Name: ___TREE'S TRANSITIONAL HOUSE LLC_____

Location: ____4502 JAYNES STREET OMAHA, NE 68104____

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.

Cost provided must coordinate with the transitional living tier and programs described in Attachment A REV1. 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
COST PER CLIENT	PER DAY (Max $30/day)						
COST PER CLIENT	PER WEEK (Max $210/week)						
COST PER CLIENT	PER MONTH (Max $840/month)						

TRANSITIONAL LIVING with programming		Initial contract term		Renewal 1		Renewal 2	
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
COST PER CLIENT	PER DAY (Max $90/day)						
COST PER CLIENT	PER WEEK (Max $630/week)						
COST PER CLIENT	PER MONTH (Max $2520/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
COST PER CLIENT	PER DAY (Max $50/day)	$50	$50	$50	$50	$50	$50
COST PER CLIENT	PER WEEK (Max $350/week)	$350	$350	$350	$350	$350	$350
COST PER CLIENT	PER MONTH (Max $1400/month)	$1400	$1400	$1400	$1400	$1400	$1400

Cost Proposal REV1

RFQ 111765 Z6

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

Bidder Name: _____TREE'S TRANSITIONAL HOUSE LLC_____

Location: _____6317 N 36th Street Omaha, NE 68111_____

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.

Cost provided must coordinate with the transitional living tier and programs described in Attachment A REV1. 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
COST PER CLIENT	PER DAY (Max $30/day)						
COST PER CLIENT	PER WEEK (Max $210/week)						
COST PER CLIENT	PER MONTH (Max $840/month)						

TRANSITIONAL LIVING with programming		Initial contract term		Renewal 1		Renewal 2	
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
COST PER CLIENT	PER DAY (Max $90/day)						
COST PER CLIENT	PER WEEK (Max $630/week)						
COST PER CLIENT	PER MONTH (Max $2520/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
COST PER CLIENT	PER DAY (Max $50/day)	$50	$50	$50	$50	$50	$50
COST PER CLIENT	PER WEEK (Max $350/week)	$350	$350	$350	$350	$350	$350
COST PER CLIENT	PER MONTH (Max $1400/month)	$1400	$1400	$1400	$1400	$1400	$1400