

Cost Proposal REV1

RFQ 111765 Z6

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

Bidder Name: Curtis Center Housing LP

Location: 110 West Q Street Lincoln, Ne 68508

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.

<b>LICENSED HALFWAY HOUSE</b>		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)						

<b>TRANSITIONAL LIVING with programming</b>		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)						

<b>TRANSITIONAL LIVING / SAFE AND SOBER LIVING without programming</b>		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)			\$40			
COST PER CLIENT	PER WEEK (Max \$350/week)						
COST PER CLIENT	PER MONTH (Max \$1400/month)						

## Schiltz, Julie

---

**From:** Earl Richardson <ERichardson@PCMLincoln.org>  
**Sent:** Tuesday, July 12, 2022 9:14 AM  
**To:** Schiltz, Julie  
**Subject:** RE: You Have Uploaded Files To ShareFile

I apologize thank you for bringing it to my attention we would like to only charge \$40 for years 1,2,4 and 6 as well.

Thank you.

---

**From:** Schiltz, Julie <julie.schiltz@nebraska.gov>  
**Sent:** Monday, July 11, 2022 5:29 PM  
**To:** Earl Richardson <ERichardson@PCMLincoln.org>  
**Subject:** RE: You Have Uploaded Files To ShareFile

**CAUTION:** This email originated from outside of the People's City Mission Email System. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Mr. Richardson,

Good news, I was able to open these documents! The only item I need to clarify is that the costs were only filled in for year 3 for \$40 and the other years were left blank. Can you please clarify what the cost for years 1-2, 4-6 are?

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)			\$40			
COST PER CLIENT	PER WEEK (Max \$350/week)						
COST PER CLIENT	PER MONTH (Max \$1400/month)						

Julie Schiltz

Assistant Materiel Administrator | CENTRAL OFFICE – PURCHASING

[Relator](#) | [Input](#) | [Achiever](#) | [Responsibility](#) | [Learner](#)

**Nebraska Department of Correctional Services**

801 W. Prospector Place, Bldg #1

Lincoln, NE 68522

OFFICE 402-479-5718

FAX 402-479-5663

Email: [julie.schiltz@nebraska.gov](mailto:julie.schiltz@nebraska.gov)

[www.corrections.nebraska.gov](http://www.corrections.nebraska.gov) | [Facebook](#) | [Twitter](#)