

Cost Proposal

RFQ 111765Z6

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

Bidder Name: Kearney's Village

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	Kearney 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	Kearney Regional Office						
COST PER CLIENT	PER DAY						
COST PER CLIENT	PER WEEK						
COST PER CLIENT	PER 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
Location	Kearney Regional Office						
COST PER CLIENT	PER DAY	105	105	105	105	105	105
COST PER CLIENT	PER WEEK	455	455	455	455	455	455
COST PER CLIENT	PER MONTH	2015	2015	2015	2015	2015	2015

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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
Location	Kearney 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	Kearney Regional Office						
COST PER CLIENT	PER DAY	90	90	90	90	90	90
COST PER CLIENT	PER WEEK	630	630	630	630	630	630
COST PER CLIENT	PER MONTH	2700	2700	2700	2700	2700	2700

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	Kearney Regional Office						
COST PER CLIENT	PER DAY						
COST PER CLIENT	PER WEEK						
COST PER CLIENT	PER MONTH						