

**DIVISION OF MEDICAID AND MEDICAL ASSISTANCE**

**BUDGET SUBMISSION FOR PERSONAL ASSISTANCE SERVICES**

**RFP #814**

**Hourly Rate for Direct Client Services**

Please specify the hourly rate you are requesting for the performance of all direct personal services provided to the client population specified in the RFP. The performance of those tasks specified on page 32, sections 3.3 and 3.4 of Attachment A, "Service Specifications," should be considered in the development of the hourly rate. The total amount to be paid for the provision of those services listed will be calculated by multiplying the hourly rate times the number of service hours provided.

**Section I: Hourly Rate (Specify below):**

**Section II: Fixed (Indirect) Costs:**

Please complete a cost for the items below that are included on page 39 of the RFP, "Description of Allowable Costs." Do not include travel costs incurred in travel to the clients' location(s) to perform services as described in Attachment A of the RFP.

**Salaries and Wages:**

As specified in the "Description of Allowable Costs." Please include a separate amount for each item in the description of line items that you are including as a cost.

**Fringe Benefits:**

Please list each benefit separately and include a percentage for each benefit as specified in the "Description of Allowable Costs."

**Travel/Training Costs:**

Include the anticipated costs of all training (with associated anticipated travel @\$0.31 per mile) required for the Personal Assistants to be able to perform the services listed in Attachment A of the RFP.

Please list all anticipated trainings separately.

**Contractual Services:**

As specified in the "Description of Allowable Costs." Please include a separate amount for each item in the description of line items that you are including as a cost. Include the cost of background checks and Workers comp premiums here.

**Supplies:**

As specified in the "Description of Allowable Costs." Please include a separate amount for each item in the description of line items that you are including as a cost.

**Other/Equipment Costs:**

These would include any other costs that you expect to incur and are not included in any of the line items included above. Please specify these costs individually.

**Total Fixed Costs**

Please total all costs included in Section II.

Note: Please include the completed Budget Sheet as Attachment C.

If additional space is required this sheet can be modified electronically to add extra spaces or an appropriately titled continuation sheet can be added.