SSA/IHA/10-001-S
ATTACHMENT A

IN-HOME AIDE SERVICES

PRICE SHEET

Jurisdiction Where Services Will Be Provided:_____

Bidders must complete a separate price sheet for each jurisdiction proposed to serve. For each service, compute a weighted average hourly rate as indicated below: (each hourly rate should reflect all fixed and variable costs associated with providing the service)

I. SERVICE	II. HOURLY RATE		III. WEIGHT*		IV. WEIGHTED HOURLY RATE
A. Chore	$__.__	X	.40	=	$__.__ A
B. Personal Care	$__.__	X	.40	=	$__.__ B
C. Nursing Eval./ Supervision	$__.__	X	.10	=	$__.__ C
D. Respite Care	$__.__	X	.10	=	$__.__ D
E. Composite Rate	(total of rows A + B + C + D)			=	$__.__ E
F. Emergency/Weekend Supplement	.15 X line E			=	$__.__ F
G. COMPOSITE WEIGHTED HOURLY RATE (Total of Rows E + F = G)				=	$__. __ G

*****These weights are based on estimates of how total service hours delivered annually under these IHAS-POS Agreements are often distributed among the four types of services specified in the IFB. **There is no guarantee that any quantity of services will be purchased**.

LIVING WAGE: **[ ] Tier 1** **[ ] Tier 2** **[ ] Not Applicable**
(See Attachment G)

_____
Name of Agency

_____
Name and Title of Person Authorized to Bind Services & Bid

_____ _____
Signature Date