

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
KINSHIP CARE RESOURCE CENTER
SSA/KC 09-001-S

PRICING PROPOSAL

Offeror Name: _____

Offeror Signature & Title: _____
(Person Authorized To Bind Services and Prices)

Offeror Phone Number: _____

Date: _____

Offeror Federal Employer
Identification Number or
Social Security Number,
as appropriate: _____

| <u>A</u> | <u>B</u> |
|--|--|
| Annual Contract Period | <u>Grand Total Price</u> (From Line .15 of each Year on Attachment A.1) |
| Year 1 | \$ |
| Year 2 | \$ |
| Option Year | \$ |
| | |
| **Grand Total Price (Sum Total All 3 Years) | \$ |

**** This figure will be used to rank Financial Proposals**