

**RFP #CN2024-01 Adoption Case Management & Related Services**

**Attachment #1**

**Unit Description and Cost Summary**

**Applicant:**

**Contact:**

**Address:**

**Phone Number:**

**Email Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| Service Name - Unit of Service | Unit Cost | # of Units | $ Amount |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
| **Total**  *This total should equal the Total Expenses Column on your program budget* | | | $ |

Provide the calculations and rationale used to determine the number of units provided and the unit cost proposed above:

Describe possible scale down options if the total requested funding amount is not available: