

**APPENDIX A**  
**RATE PROPOSAL**

RATE PROPOSAL (3 Year Agreement)

This "Summary of Proposed Rates" is to be executed and returned with your proposal.

I certify that our proposal addresses all criteria required in the Request for Qualifications and that I have read and understand the Scope of Work as presented in the Request for Qualifications.

|   | Year 1   | Year 2   | Year 3   |
|---|----------|----------|----------|
| <b>I. Annual Provider Fee</b>   | \$ _____ | \$ _____ | \$ _____ |
| (Personnel staffing and services defined in RFQ). See Scope of Work.  |          |          |          |
| <b>II. Additional Charges Anticipated</b> (e.g. Medical equipment, software, postage, copying, telephone, supplies, etc.) |          |          |          |
| A. _____  | \$ _____ | \$ _____ | \$ _____ |
| B. _____  | \$ _____ | \$ _____ | \$ _____ |
| C. _____  | \$ _____ | \$ _____ | \$ _____ |
| D. _____  | \$ _____ | \$ _____ | \$ _____ |
| E. _____  | \$ _____ | \$ _____ | \$ _____ |
| F. _____  | \$ _____ | \$ _____ | \$ _____ |
| G. _____  | \$ _____ | \$ _____ | \$ _____ |
| H. _____  | \$ _____ | \$ _____ | \$ _____ |
| I. _____  | \$ _____ | \$ _____ | \$ _____ |

SIGNATURE AND TITLE OF OWNER OR AUTHORIZED PERSON:

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Date)