DIVISION OF ADMINISTRATIVE SERVICES
OFFICE OF BUSINESS SERVICES
9838 Old Placerville Road, Suite B
Sacramento, CA 95827

February 27, 2026

TO: PROSPECTIVE PROPOSER

RE: REQUEST FOR PROPOSAL (RFP) NUMBER C5613147-D
SERVICE: SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING (STOP)
ADDENDUM NUMBER: 2

This RFP package has been revised. You may view or download a copy of the revised RFP document(s) by accessing Cal eProcure at: https://caleprocure.ca.gov/event/5225/0000037715. The following is included in Addendum 2:

A. The Request for Proposal C5613147-D, Notice to Prospective Proposers, has been revised and replaced in its entirety to update the term start date of the Agreement to July 1, 2027, update the current maximum budget, and revise the Projected Timetable as follows:

The following dates are set forth for informational and planning purposes only and are subject to change.

RFP Available to Prospective Proposers	January 9, 2026
Letters of Inquiry Submission Date	April 10, 2026 by 5:00 PM
Request for Access to Vendor RFP Upload Portal	June 19, 2026 by 5:00 PM
Proposal Submission	June 29, 2026 by 11:00 AM
Anticipated Date for Commencement of Services	July 1, 2027
Term End Date of Agreement	June 30, 2030

B. Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheets, have been revised and replaced.

C. Exhibit B-2, Budget Proposal Rate Sheet Summary, has been revised and replaced.

D. Attachment 2, Site and Funding Limit Requirements, has been revised and replaced.

All other terms and conditions for this RFP remain the same.

Please utilize the updated documents provided in Addendum 2, of RFP C5613147-D within all proposal submissions.

If you have any questions or need assistance from this office, please do not hesitate to contact me at kelly.perri@cdcr.ca.gov.

Sincerely,

Kelly Perri

Kelly Perri
Contract Analyst
Service Contracts Section
Office of Business Services

California Department of Corrections and Rehabilitation

REQUEST FOR PROPOSAL SECONDARY METHOD

Division of Administrative Services
Office of Business Services
Contracts Management Branch

Updated: October 2025

2/27/2026

REQUEST FOR PROPOSAL (RFP)
NOTICE TO PROSPECTIVE PROPOSERS
Specialized Treatment for Optimized Programming (STOP) Services
RFP NUMBER C5613147-D

RFP MUST BE SUBMITTED ELECTRONICALLY

Please see the RFP Submittal Process instructions below for CDCR's new electronic proposal submission procedures.

You are invited to review and respond to this RFP C5613147-D, titled Specialized Treatment for Optimized Programming (STOP). In submitting your proposal, you shall comply with the instructions found herein. In addition to those programs and preferences that are specified in this solicitation, Prospective Contractors are encouraged to consider programs and preferences that are available, such as those for the use of small businesses, disadvantaged businesses, disabled veteran businesses, and other businesses covered by State and Federal programs and preferences.

As required by Government Code 14838, the California Department of Corrections and Rehabilitation (CDCR) is required to meet the State's twenty-five percent (25%) Small Business (SB) participation requirement. Certified SBs and micro-businesses (MB) are encouraged to submit bids. See Small Business Preference Program Section, in this RFP for requirements.

The designated contact person for this RFP is:

Contract Analyst: Kelly Perri
California Department of Corrections and Rehabilitation
Email address: kelly.perri@cdcr.ca.gov
Phone: (279) 210-3715

Please note that no verbal information given will be binding upon CDCR unless such information is issued in writing as an official addendum.

Technical questions regarding this solicitation will be addressed in writing and accordance with the Questions and Answers portion of this RFP. See Letters of Inquiry Section for more details.

Sincerely,

Kelly Perri

Kelly Perri
Contract Analyst
Service Contracts Section

Table of Contents

RFP PACKAGE OVERVIEW

This RFP package contains the following documents (except as otherwise indicated).

Please note that you **must** comply with the requirements contained in **all** documents.

- Proposal Submittal Checklist
- Bidder Acknowledgment/Certification (OBS 300)
- Sample Standard Agreement (STD 213)
- Scope of Work (Exhibit A)
- Placement Office Location (Exhibit A-1)
- Budget Details and Payment Provisions (Exhibit B)
- Line Item Budget Guide (Exhibit B-1)
- Budget Proposal Rate Sheet (Exhibit B-1.1 through B-1.5)
  Electronically downloaded proposal package includes an Excel spreadsheet file in addition to the PDF version.
- Budget Proposal Rate Sheet Summary (Exhibit B-2)
- Non-Expendable Equipment (Exhibit B-3)
- Provider Directory Information Sheet (Exhibit B-4)
- General Terms and Conditions (Exhibit C)
  This document is incorporated in this proposal package by reference only and is available on the Internet at Standard Contract Language for Non-IT Services - GTC 02/2025.
- Special Terms and Conditions (Exhibit D)
- Business Associates Agreement (HIPAA) (Exhibit E)
- CDCR 2301 PREA Policy Information for Volunteers and Contractors (Exhibit F)
- ARMS Data Sharing Security Agreement (Exhibit G)
- STOP Program Areas (Attachment 1)
- Site and Funding Limit Requirements (Attachment 2)
- Activity Report (Attachment 3)
- Data Requirements and Reporting Timeframes (Attachment 4)
- Community-Based Provider Modality Cost Sheet- Licensed Residential Treatment (LSUDT/LRT) (Attachment 5)

- Residential Modality Cost Sheet (Attachment 6)
- Outpatient Modality Cost Sheet (Attachment 7)
- Community-Based Provider Modality Cost Sheet- Non-SUD Outpatient Treatment Services (OOP/OPNS) (Attachment 8)
- Community-Based Provider Modality Cost Sheet- Female Offender and Employment Program (FOTEP) (Attachment 9)
- Community-Based Provider Modality Cost Sheet- SUD Outpatient Treatment Services (CSUTD/OPS) (Attachment 10)
- Housing First (Attachment 11)
- Background Security Clearance Application (Attachment 12)
- No Longer Interested Notification (Attachment 13)
- Scoring Criterial and Summary – Specialized Treatment for Optimized Programming (STOP) (Attachment 14)
- Site Inspection (Attachment 15)
- Curriculum Change Request Form (Attachment 16)
- Contractor Certification Clauses (CCC-04/2017)
- Payee Data Record (STD 204)
- Payee Data Record Supplement (STD 205)
- Supplement Vendor Payee Data Record Form
- Darfur Contracting Act (OBS 1500)
- Iran Contracting Act (OBS 1502)
- California Civil Rights Laws Certification (OBS 1510)
- Generative Artificial Intelligence (GenAI) Reporting and Factsheet (OBS 1000)
- Sample Certificate of Insurance
- Bidder Declaration (GSPD-05-105)
- Non-Small Business Preference Request and Subcontractor Acknowledgement (OBS 555)
- California DVBE Bid Incentive Instructions
- Disabled Veteran Business Enterprise Declarations (DGS PD 843)
- DVBE Bid Incentive Request and Acknowledgement (OBS 554)

- Target Area Contract Preference Act (STD 830)
- Bidder’s Summary (DGS/PD 526)
- Proposer’s References

PROJECT INTRODUCTION AND CONDITIONS

BACKGROUND STATEMENT

The CDCR, Division of Rehabilitative Programs (DRP) has established STOP to reduce recidivism and increase public safety through effective community reintegration.

PROBLEM STATEMENT

The CDCR has determined that STOP services will assist in the effort to reduce recidivism rates among supervised individuals and increase public safety by providing evidence-based programming in the areas of substance abuse treatment, anger management, criminal thinking, family relationships, employment, education/literacy and life skills.

PROGRAM GOALS AND OBJECTIVES

The goal of the STOP is to establish and oversee a network of Community-Based Providers that provide comprehensive services to the participant population, during their transition into the community in order to support a successful reentry. The CDCR, DRP has developed reentry strategies that target incarcerated persons who are nearing their release with SUD treatment, enhanced academic and vocational programs, and pre-employment transitional services. The CDCR, DRP is extending this network of reentry services.

CONTRACT TERM

The term of the Agreement(s) resulting from this RFP shall be approximately three (3) years with two (2) optional one (1) year terms, and is expected to begin July 1, 2027.

CDCR reserves the right to amend the term of any Agreement as needs arise.

PROJECTED TIMETABLE

The following dates are set forth for informational and planning purposes only and are subject to change.

RFP Available to Prospective Proposers	January 9, 2026
Letters of Inquiry Submission Date	April 10, 2026 by 5:00 PM
Request for Access to Vendor RFP Upload Portal	June 19, 2026 by 5:00 PM
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FUNDING

Subject to the availability of funds and approval by the Department, there is a current maximum budget of $51,720,0555.00 for Program Area 1, $59,304,065.00 for Program Area 2, $66,941,972.00 for Program Area 3, $66,318,834.00 for Program Area 4, $111,423,879.00 for Program Area 5, and $50,607,074.00 for Program Area 6 (excluding optional year terms and Returning Home Well Housing funding.) Refer to Attachment 2, Site and Funding Limit Requirements, for a breakdown of funding maximums for each fiscal year by Program Area. Any proposal exceeding the maximum funding threshold will be disqualified.

PROPOSER QUALIFICATIONS AND LICENSING REQUIREMENTS

Proposer qualifications and licensing requirements (if any) are specified below and/or in Exhibit A. Unless otherwise stated, the proposer shall meet all qualifications and licensing requirements at the time of the proposal submission.

PROHIBITION ON TAX DELINQUENTS

Persons or companies identified as the largest tax delinquents by the Franchise Tax Board (FTB) or the Board of Equalization (BOE) under authority of Sections 7063 or 19195 of the Revenue and Taxation Code, shall be disqualified from the bidding process.

Pursuant to PCC §10295.4, contracts are void and unenforceable if a Contractor is included on tax delinquency lists.

(a) Notwithstanding any other law, a state agency shall not enter into any contract for the acquisition of goods or services with a contractor whose name appears on either list of the 500 largest tax delinquencies pursuant to Section 7063 or 19195 of the Revenue and Taxation Code. Any contract entered into in violation of this subdivision is void and unenforceable.

(b) This section shall apply to any contract executed on or after July 1, 2012.

PROPOSER RESPONSIBILITIES AND THE RFP PACKAGE

Proposers are solely responsible for understanding the scope of work and all requirements, terms, conditions, evaluation criteria, etc., before submitting a proposal. If the language is unclear or ambiguous, it is the proposer's responsibility to request clarification or assistance through the LOI process. Please note that no verbal information will be binding upon the State unless the State issues such information in writing as an official addendum. If the RFP is modified prior to the final proposal submission date, the State will issue an addendum that will be posted on the Cal eProcure website.

All costs resulting from the proposer's participation in the RFP process are at the proposer's expense.

No costs incurred by the proposer for participating in the RFP process will be reimbursed by CDCR.

PROPOSAL ELEMENTS

<u>**COVER LETTER**</u>
A cover letter shall be signed by an individual authorized to bind the proposer and shall indicate that person's title or position. The cover letter must be on the proposer's company letterhead and contain the following information:

A. Name and address of the proposer submitting qualifications;
B. Proposer's headquarters for purposes of this Agreement, if awarded;
C. Name, telephone number, and e-mail address of a person who can be contacted if further information is required;
D. Name, title, address, telephone number, and e-mail address of individual(s) with authority to negotiate and execute a binding Agreement on behalf of the proposer;
E. Statement that personnel who will provide services under the Agreement will have the required certifications and that proposer will have qualified personnel available to meet the service needs;
F. Statement stating that the Contractor and any Subcontractors to be used during the performance of the contract are eligible to contract with the State of California, pursuant to PCC§10286;

G. Office of Small Business and Disabled Veteran Business Enterprise Certification Services (OSDS) Reference number issued to the certified SB/MB by the Department of General Services (if applicable);
H. Date of establishment;
I. History;
J. Location; and
K. Any known conflicts of interest.

TABLE OF CONTENTS
The information must be organized as presented with corresponding page references.

GENERAL APPROACH SUMMARY
The proposal shall include a brief overview of the project and summarize the Proposer's overall approach to the work. The summary should be no more than fifteen (15) pages.

METHODOLOGY
The proposal must include a work plan describing the methods to be employed to accomplish the project objectives. The methodology must be described in sufficient detail to allow CDCR staff to evaluate the methods and must address all tasks and items in the Exhibit A, Scope of Work.

The proposal must describe how the objectives will be met and the methods the proposer will use. The description must include not only what work will be performed, but how it will be performed.

The tasks described in Exhibit A, Scope of Work outline a general approach for meeting the project objectives; however, alternative approaches for some or all of the tasks may be proposed if they meet or exceed the project objectives.

Refer to the RFP Scoring Criteria, Attachment 14, for the objectives requiring the proposer's methodology and the number of points associated with each objective.

BUDGET PROPOSAL
The budget proposal must specify the total cost and include detailed project costs, as required in the budget proposal.

The SB and DVBE commitments must be identified, by dollar amount, and included in the budget proposal.

The costs identified, should take into consideration the length of the contract, rise in salaries and administrative overhead costs.

The amount identified on the budget proposal may not be changed and will remain in effect for the term of the Agreement.

Proposer shall provide rate(s) on the Budget Proposal Rate Sheet (Exhibit B-1.1 through B-1.5). Proposer shall set forth rates in clear, legible figures in the spaces provided in the Budget Proposal (Exhibit B-1.1 through B-1.5.) Failure to provide the required rates shall be cause for rejection of your proposal.

NOTE:

1. Any quantities listed on the Budget Proposal Rate Sheet (Exhibit B-1.1 through B-1.5) are CDCR's estimates only and are offered as a basis for the comparison of bids. The State does not expressly or by implication agree that the actual amount of work will correspond therewith and reserves the right to omit portions of the work as may be deemed necessary or advisable by the State.

2. In the case of a discrepancy between the Unit Price (e.g., Hourly Rate, Cost per Service) and Item Total (e.g., Hourly Rate x Hours Worked = Item Total), the Unit Price shall prevail. However, if the Unit Price figure is ambiguous, illegible, uncertain, or is omitted, the Item Total shall be divided by the estimated usage (e.g., Hours Worked) to determine the Unit Price. In the case of a discrepancy between the Basis of Award and the sum of the Item Totals, the sum of the Item Totals shall prevail.

3. The amount of the total proposal will be rounded up to the nearest whole dollar when the Agreement documents resulting from this proposal are prepared.

All required documents listed in the Proposal Submittal Checklist must be included within the proposal. No proposal will be considered unless it is submitted with the CDCR Bidder Acknowledgement/Certification form (OBS 300) and Exhibit B-1.1 through B-1.5, Budget Proposal Rate Sheet and is in conformance with the submission requirements of this RFP. Additionally, a signed copy and all pages of the Contractor Certification Clauses (CCC-04/2017) must be submitted to CDCR with the completed proposal. The State reserves the right to request clarification of any documents included with this RFP.

The proposal must be for the entire activity described herein. The State does not accept alternate contract language from a prospective Contractor. A proposal with such language will be considered a counter proposal and will be rejected. Additionally, proposals may be rejected if the proposal shows any alterations of form, additions not called for, a conditioned or incomplete bid, or erasures and/or irregularities of any kind. Any proposal amounts changed after the amounts are originally inserted **MUST** be initialed through DocuSign by the proposer.

FACILITY LOCATIONS

Proposers providing facilities for their services must specify the complete address of the facility where the services will be performed in the appropriate section on the Bidder Acknowledgement/Certification form (OBS 300) in the spaces provided.

The proposer hereby authorizes the State to insert the Proposer's facility as listed in the OBS 300 into the contract Exhibit A, Scope of Work.

The proposer shall identify and describe the proposed site locations for the Specialized Treatment for Optimized Programming service. In addition, the proposer should make a case for how the location will complement the services provided. The proposer shall include a Google ® map of the area or other documentation that supports the description provided.

ADMINISTRATIVE EXPERIENCE

The proposer shall be an organization that has had at least three (3) years of experience with overseeing community-based organizations that provide services to individuals transitioning from state incarceration. The organization is defined as the entity identified on the STD 204, Payee Data Record, and is directly responsible for delivery of services. Administrative experience should include all administrative functions of a project, including fiscal, accounting, budgeting, personnel, contract and/or grant management. The proposer must have the experience, qualifications, and resources to perform the required tasks of the service.

The CDCR reserves the right to verify a proposer's claimed experience, education, and references and/or commitment required in a proposal element. In the event that any data is found to be inaccurate or false, the CDCR will have the right to disqualify the proposer from the RFP process and/or to deduct the specified points allocated for the data.

BUSINESS RÉSUMÉ

The proposal shall include a business résumé describing the proposer's business experience in providing Specialized Treatment for Optimized Programming services to incarcerated individuals who are nearing their release. The résumé must include a description of the resources to be used on the project while demonstrating an individual or team members' abilities to perform the work. If the proposer intends to subcontract any of the required services, the proposal shall include a business résumé for the proposed subcontractor(s) as well.

PROPOSER'S REFERENCES

The proposal shall include a minimum of three (3) verifiable references from contracting partners or other entities that support the proposer's qualifications to perform the work listed in this RFP. The references should address:

1. Type of service(s) provided;
2. The term of the contract;
3. If the services were provided satisfactorily;
4. How the proposer responded to reviews or other audits; and
5. Whether any sanctions were taken against the proposer.

CDCR reserves the right to seek references in addition to the client references provided by the proposer, as it deems necessary.

If a reference or project experience is unable to be verified, it will be disregarded.

Failure to submit required documentation may result in the rejection of your proposal.

RFP SUBMITTAL PROCESS

If the proposer submits multiple proposals to be located on different sites from each other (geographically non-contiguous), each proposal is required to be completed and submitted separately. For evaluation purposes, each proposal will be considered stand alone.

Proposers must request access to the Vendor RFP Upload Portal, via email at CDCR-CMB-Non-IT-Service-Bids@cdcr.ca.gov, no later than the time and date specified in the Projected Timetable, as shown on page six (6) of this RFP. The CDCR will respond to your access request via email with a link to the Vendor RFP Upload Portal. Please allow two (2) business days for a response.

The subject line of the email must be titled:

ACCESS REQUEST FOR RFP C5613147-D FOR STOP SERVICES IN PROGRAM AREA: _

The body of the email request must only contain the following:

RFP NUMBER: C5613147-D
STOP PROGRAM AREA:
ATTENTION: Kelly Perri
COMPANY NAME:
NAME(S) AND EMAIL ADDRESS(ES) OF STAFF REQUESTING ACCESS:

(See Sample Below)

Send
To cdcr-cmb-non-it-service-bids@cdcr.ca.gov
Cc
Subject ACCESS REQUEST FOR RFP C5613147-D FOR STOP SERVICES IN PROGRAM AREA: _

RFP NUMBER: C5613147-D
STOP PROGRAM AREA:
ATTENTION: Kelly Perri
COMPANY NAME:
NAME(S) AND EMAIL ADDRESS(ES) OF STAFF REQUESTING ACCESS:

Proposals must be submitted electronically via the link provided, to the Vendor RFP Upload Portal, and include all required proposal submission documents in one clear, legible Portable Document Format (PDF). Proposals must be fully responsive and lack any deficiency.

A new access request is required for each submission. Proposers will not be able to submit a proposal via a previously granted link. Each access link granted is unique to the specific submission.

In submitting a proposal, the proposer accepts the terms and conditions expressed herein. Costs incurred for developing proposals and in anticipation of award of the Agreement are the responsibility of the proposer and shall not be charged to the State. Only an individual who is legally authorized to bind the proposing firm contractually shall sign all documents requiring a signature, and each document must bear one of the following: DocuSign, or Adobe Acrobat Sign signature, or a scanned document of an original ink signature. An unsigned proposal may be rejected.

A proposer may modify a proposal after its submission by withdrawing the original or prior proposal and resubmitting a new proposal prior to the proposal submission deadline. A proposal may be withdrawn from consideration by submitting a written withdrawal request to CDCR, via email at CDCR-CMB-Non-IT-Service-Bids@cdcr.ca.gov, from the proposer or an authorized agent. Proposal modifications offered in any other manner, oral or written, will not be considered.

All documents submitted in response to this RFP will become the property of the State and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

LETTERS OF INQUIRY

The purpose of these letters is to provide proposers the opportunity to ask questions and/or provide feedback to CDCR on the specifics of the RFP and/or DVBE requirements. While some input may be incorporated into the RFP, remarks and explanations submitted may not necessarily change provisions of the RFP. Any modifications to the RFP as a result of these inquiries will be documented by an addendum and forwarded to all proposers.

Any letters of inquiry must be submitted by email to allow CDCR time to research and prepare a response. Submit your letter of inquiry by the date specified in the Projected Timetable Section of this RFP directly to Kelly Perri, Contracts Management Branch, by E-mail: kelly.perri@cdcr.ca.gov. Inquiries received after this date will only be addressed at CDCR's discretion.

EXECUTIVE ORDER N-6-22 – RUSSIAN SANCTIONS

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. By submitting a bid or proposal, Contractor represents that it is not a target of Economic Sanctions. Should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for rejection of the Contractor's bid/proposal any time prior to contract execution, or, if determined after contract execution, shall be grounds for termination by the State.

GENERATIVE ARTIFICIAL INTELLIGENCE (GenAI) DISCLOSURE

The State of California seeks to realize the potential benefits of GenAI, through the development and deployment of GenAI tools, while balancing the risks of these new technologies.

Proposer / Offeror must notify the State in writing if it: (1) intends to provide GenAI as a deliverable to the State; or (2), intends to utilize GenAI, including GenAI from third parties, to complete all or a portion of any deliverable that materially impacts: (i) functionality of a State system, (ii) risk to the State, or (iii) Contract performance. For avoidance of doubt, the term "materially impacts" shall have the meaning set forth in State Administrative Manual (SAM) § 4986.2 Definitions for GenAI.

Failure to report GenAI to the State may result in disqualification. The State reserves its right to seek any and all relief to which it may be entitled to as a result of such non-disclosure.

Upon notification by a Proposer / Offeror of GenAI as required, the State reserves the right to incorporate GenAI Special Provisions into the final contract or reject proposals that present an unacceptable level of risk to the State.

Government Code 11549.64 defines "Generative Artificial Intelligence (GenAI)" as an artificial intelligence system that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system's training data.

EVALUATION AND AWARD

CDCR will perform a Pre-Qualification Evaluation to ensure that the proposer has included all required documentation in the proposal submittal.

If a proposal package does not meet all of the requirements set forth in this RFP, it may be considered non-responsive and rejected from further competition.

Those proposers' submittals that pass this review will be forwarded to the selection committee for evaluation of the technical proposals.

TECHNICAL EVALUATION

The Selection Committee will evaluate and score all proposals, passing the Pre-Qualification Evaluation, utilizing the Scoring Criteria and Summary, Attachment 14, identified in this RFP.

The overall responsiveness of each proposal will be based on the complete response from the proposer to the RFP requirements, including Exhibit A, Scope of Work for the project. Final ranking of the proposals will be based on the criteria set forth in the Scoring Criteria and Summary, Attachment 14, included in this RFP.

EVALUATION OF BUDGET PROPOSAL
The lowest budget proposal will be awarded the maximum amount of cost points. Other proposals will be awarded cost points based on the following calculation:

Other Budget Proposal points = Factor x Maximum Cost Points
Factor = Lowest Budget Proposal/Other Budget Proposal

EXAMPLE:

Lowest Budget Proposal	$75,000
Other Budget Proposal	$100,000
Maximum Cost Points Available	30
Factor	$75,000/$100,000 = ¾
Other Budget Proposal points = ¾ x 30 = 22.5 cost points awarded to Other Budget Proposal So, Lowest Budget Proposal of $75,000 receives 30 points Other Budget Proposal of $100,000 receives 22.5 points	

AWARD OF AGREEMENT
Award of an Agreement, if it is to be awarded, will be to the responsible proposer meeting all of the RFP requirements with the highest rank.

In the event of a tie, CDCR will utilize a tie breaker to determine the winning proposer. The winning proposer will be determined by coin toss method. Heads will be assigned alphabetically (i.e. Adams Company, Inc., would be heads, Boy Company, Inc., would be tails.) Tie breaks will be witnessed, and proposers may attend to witness the tiebreak process. by contacting the CDCR contract analyst noted on page two (2) of this RFP.

The State intends to award one Agreement per program area to the responsible proposer earning the highest score.

Proposers may submit proposals for one or more program areas; however, no single proposer will be awarded more than two (2) program areas under this solicitation. If a proposer is awarded more than one (1) program area, a separate Agreement is required for each program area.

GROUNDS FOR REJECTION
The State is not required to award an Agreement and reserves the right to reject any and all proposals and to waive any immaterial deviations in the proposal. The State's waiver of an immaterial deviation shall in no way modify the RFP document or excuse the proposer from full compliance with all requirements if awarded the Agreement.

Additionally, a proposal may be rejected if:
1. it is received after the due date and time for submittal;
2. the proposal cost is not prepared as required by the RFP;
3. the proposer has been prohibited from contracting with the State by the Department of Fair Employment and Housing;
4. the proposer has received a substantive negative contract performance from the State;
5. any items required by the RFP are not included with the submittal;
6. the proposer's facility does not meet site inspection requirements;

7. the proposal contains false or misleading statements or provide references which do not support an attribute or condition claimed by the proposer; or
8. in the opinion of CDCR, such information was intended to mislead CDCR in its evaluation of the proposal and the attribute, condition, or capability is a requirement of this RFP.

No proposal may be rejected arbitrarily or without reasonable cause.

The contract may be immediately terminated at the sole discretion of CDCR if false or misleading information contained in the RFP is discovered after the contract is awarded. The Contractor will be liable for all costs associated with termination of the contract and any subcontracts the Contractor may have for the performance of this contract.

NOTICE OF INTENT TO AWARD
A notice of intent to award the contract will be publicly posted for five (5) working days following the award announcement and notification of disqualifications will be emailed to all proposers. After completion of the five (5)-day public posting, the proposed contract awardee will be formally notified by email and all proposals and rating sheets will be available for public inspection.

Notice of the intent to award will be posted on the Cal eProcure website for this event.

PROTEST AWARD

Information regarding the protest of an award may be found by going to State Contracting Manual - Volume 1, under Chapter 6: Contract Award Protests.

A protest to this bid must adhere to Public Contract Code (PCC) Section 10345.

The envelope or email subject line containing the written protest must clearly state:

"Protest Concerning RFP Number C5613147-D for the California Department of Corrections and Rehabilitation".

Protests **MUST** be filed with:

ORIGINAL	COPY
EMAIL OR MAIL DELIVERY Email: OLSProtests@dgs.ca.gov Department of General Services Office of Legal Services Attn: Bid Protest Coordinator 707 Third Street, 7th Floor, Suite 7-330 West Sacramento, CA 95605	**EMAIL OR MAIL DELIVERY** E-mail: m_CDCR-OBS-Protest-Mailbox@cdcr.ca.gov Department of Corrections and Rehabilitation Office of Business Services Contracts Management Branch 9838 Old Placerville Road, Suite B Sacramento, CA 95827

AGREEMENT EXECUTION

The Agreement will be executed only upon the State's acceptance of the Contractor's certificates of insurance, bonds, licenses, and permits, when such items are required. Should the Contractor fail to commence work at the agreed-upon date and time, the State, upon five (5) days written notice to the Contractor, reserves the right to terminate the Agreement.

The successful proposer shall enter into an Agreement with the State, which will be prepared on a State of California Standard Agreement (STD 213 form, sample attached) and shall include from this RFP Exhibits A, A-1, B, B-1, B-1.1 through B-1.5, B-2, B-3, B-4, D, E, F, G and Attachments 1-16.

This Agreement will not include a copy of the Exhibit C, General Terms and Conditions for Private Contractors, which is incorporated into the Agreement by reference only on the STD 213. Exhibit C may be downloaded from the Internet at Standard Contract Language for Non - IT Services.

After award, the Standard Agreement will be forwarded to the Contractor for signature via DocuSign. Upon receipt, the Contractor must sign the Agreement and return the Agreement with any required documentation in accordance with the time frame specified in the transmittal letter. In the event the State has not received the signed Agreement and the required documentation within the specified time frame, the award may be rescinded and awarded to the next responsible proposer.

This Agreement is not valid unless and until approved by DGS, or, under its authority CDCR. The State has no legal obligation unless and until the Agreement is approved. Any work commenced by the Contractor prior to approval may be considered voluntary and the Contractor may have to pursue claim for payment by filing with the DGS Government Claims Program. When the Agreement is fully approved, a copy will be forwarded to you.

EXTENSION OF TERM

This Agreement may be amended when the additional year(s) or additional task(s) were anticipated and evaluated as an option to renew in the RFP.

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PROGRAM

This RFP is exempt from the DVBE requirement. However, the State is committed to achieving legislatively established goals for the participation of DVBEs in all state contracting and seeks to use certified DVBE business whenever possible. Therefore, the State requests your voluntary participation in reporting any certified DVBEs, including yourself, that will be used in the performance of this Agreement.

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) INCENTIVE

CDCR is committed to meeting and exceeding the three percent (3%) goal for Disabled Veteran Business Enterprise (DVBE) participation in State contracting activities, set forth in Military and Veterans Code 999. The DVBE Incentive Program applies to all contracting activities for services. The DVBE incentive is applied during the evaluation process and is only applied to responsive bid proposals from responsible proposers proposing DVBE participation. This incentive is for bid computation only.

To be eligible for the DVBE incentive, the business must:

1. Complete DVBE Incentive Request and Subcontractor Acknowledgement form (OBS 554) and submit with bid proposal.
2. Have a completed DVBE application on file with DGS, OSDS by 5:00 p.m. on the date bids are due.

For certification and preference approval process information, contact the OSDS by telephone at (916) 375-4940 or access the OSDS Internet website at Apply For or Re-apply as Small Business, Disabled Veteran Business Enterprise.

Award Based on High Score

The DVBE Incentive will be awarded based on the guidelines below:

1. Proposers with DVBE participation of less than the required percentage listed in the solicitation will be deemed non-responsive and eliminated from any further consideration.
2. Application of the Incentive is based on the High Score Method. The Incentive shall not exceed 5 percent (5%), nor be less than 1 percent (1%) of the total possible available points, not including points for socioeconomic incentives or preferences. (CCR 1896.99.120(b))
3. Incentive points are included in the sum of non-cost points.
4. Incentive points cannot be used to achieve any applicable minimum point requirements.
5. Incentive points are deemed a desirable administrative requirement awarded based on amount of participation.

EXAMPLE: High Score Method
Available points example using a sliding scale:

200 points – Administrative
400 points – Technical
<u>600 points – Cost</u>
1200 points Total

Possible Maximum of sixty (60) points for DVBE Incentive calculated as follows:

DVBE PARTICIPATION LEVEL	POSSIBLE POINTS CALCULATION
1.0 - 1.99%	1% x 1200=12
2.0 UP TO 2.99%	2% x 1200=24
3.0 UP TO 3.99%	3% x 1200=36
4.0 UP TO 4.99%	4% x 1200=48
5.0 UP TO 5.99%	5% x 1200=60

SMALL BUSINESS PREFERENCE PROGRAM

Current law requires state departments to support the success of small businesses, including microbusinesses, in participation in contracting opportunities. CDCR is committed to supporting Small/Micro Business participation in state contracting and seeks to contract with certified Small/Micro Businesses whenever possible.

A Small/Micro Business enterprise is defined as a business certified by the Department of General Services (DGS), OSDS in which:

1. The principal office is located in California;
2. The officers are domiciled in California;
3. The business is independently owned and operated;
4. The business, with any affiliates, is not dominant in its field of operation; and
   a. For Small Business, either:
      (1) The business, together with any affiliates, has one hundred (100) or fewer employees and averaged annual gross receipts of $16,000,000 or less over the previous three years, or
      (2) The business is a manufacturer with one hundred (100) or fewer employees;
   b. For Micro Business, either:
      (1) The business, together with any affiliates, has twenty-five (25) or fewer employees and averaged annual gross receipts of $5,000,000 or less over the previous three years, or
      (2) The business is a manufacturer with twenty-five (25) or fewer employees.

Section 14835, et seq., of the California Government Code requires that a five percent (5%) preference be given to proposers who certify as a Small/Micro Business enterprise. The rules and regulations of this law are contained in Title 2, California Code of Regulations, Section 1896, et seq. A copy of the regulation is available upon request.

To claim the Small/Micro Business preference, which may not exceed $50,000 for any bid, your firm must:

1. Have a completed application (including proof of annual receipts) on file with the DGS, OSDS, by 5:00 p.m. on the date proposals are due, and
2. Receipt of documents verified by such office.

Therefore, if you are a Small/Micro Business, but are not certified, it is to your advantage to become certified. For certification and preference approval process information, contact the OSDS by telephone at (916) 375-4940 or access the OSDS Internet website at Apply for or Re-Apply for Certification as a Small Business and/or Disabled Veteran Business Enterprise.

NON-SMALL BUSINESS PREFERENCE REQUEST

Pursuant to Title 2, CCR Section § 1896, et seq., and GC Section § 14838, et seq., a bid preference of five percent (5%) is available to a responsive non-small business claiming no less than twenty-five percent (25%), Small Business/Micro Business (SB/MB) subcontractor participation with one or more SB/MB enterprises. This preference is considered only if the tentative low proposer is not a certified SB/MB.

In granting the Non-Small Business Preference, no bid price will be reduced by more than $50,000. This preference cost adjustment is for bid evaluation purposes only and does not alter the actual cost offered by the proposer.

A non-small business is defined as a responsive/responsible proposer that is not certified by the DGS, OSDS as a SB/MB enterprise.

To be eligible for the non-small business preference, the business prime vendor must complete and submit the Non-Small Business Preference Request and Subcontractor Acknowledgement form (OBS 555) with their bid proposal.

NONPROFIT VETERAN SERVICE AGENCY (NVSA) SMALL BUSINESS PREFERENCE

Pursuant to Military and Veteran Code Section 999.50 et seq., Nonprofit Veteran Service Agencies (NVSAs) claiming Small/Micro Business preference and verified as such in the relevant category or business type, will be granted a preference of five percent (5%) of the lowest responsive proposal, if the lowest responsive proposal is submitted by a proposer not certified as a Small/Micro Business.

In granting Small/Micro Business preference to NVSAs, no bid will be reduced by more than $50,000. The preference cost adjustment is for computation purposes only and does not alter the actual cost offered by the proposer.

To be eligible for the NVSA Small/Micro Business Preference, the business concern must:

1. request preference at the time of bid submission, and
2. must possess a valid certification prior to bid submission.

An SB/NVSA is not subject to the same standards as other certified Small/Micro businesses. SB/NVSA standards are identified in Military and Veterans Code Section 999.51(a) (3).

TARGET AREA CONTRACT PREFERENCE ACT (TACPA)

If this Agreement is for Non-IT services in excess of $100,000 and the worksite is not fixed by the terms of this Agreement (e.g., services will not be performed at an institution or other specific work site determined by CDCR), preference may be granted to California-based proposers meeting the requirements of the Target Area Contract Preference Act (TACPA) which promote employment and economic development at designated distressed areas by persons with a high risk of unemployment (Reference: GC §4530 et seq., and Title 2, California Code of Regulations §1896.30 et. seq.).

Proposers seeking these preferences must submit completed Standard Form(s) STD 830 TACPA Preference Request Form and DGS/PD 526 Proposer's Summary of Contract Activities and Labor Hours with their proposal. Please note that the DGS/PD 526 must be completed and signed by the proposer for each requested preference. As explained in the Standard Forms, the proposer is allowed bidding preferences for each program (TACPA and Small/Micro business) the proposer is qualified for and may receive a combined preference up to fifteen percent (15%) or $100,000, whichever is less. The preferences do not alter the amount of the resulting Agreement and are used for bid evaluation purposes only.

NOTE: FAILURE TO SUBMIT THE TACPA FORMS WITH YOUR BID PROPOSAL WILL RESULT IN THE DENIAL OF THE PREFERENCE(S). **Download and attach copies of the STD 830 and DGS/PD 526. Forms can be found at Request Target Area Contract Preference**.

IDENTIFICATION OF CONTRACTORS, SUBCONTRACTORS, CONSULTANTS: SMALL/MICRO BUSINESS AND DVBES

CDCR must identify all contractors, subcontractors, and consultants who will provide labor or render services in the performance of this Agreement and further identify whether any of the listed subcontractors and consultants are a certified Small/Micro business, or a certified DVBE. Therefore, the proposer must complete a Bidder Declaration (GSPD-05-105). If any changes occur in the submitted original GSPD-05-105, the Contractor shall notify the Office of Business Services (OBS), in writing within ten (10) working days of those changes, including any changes to Small/Micro business or DVBE status.

CDCR asks that you encourage any subcontractor(s) and/or consultant(s) not currently certified as a Small/Micro business or DVBE that may meet the certification requirements specified herein to become certified through the DGS, OSDS. Please provide those subcontractor(s)/consultant(s) the OSDS contact and certification information provided above.

If you are a certified Small/Micro business enterprise and fail to complete the Prime Contractor information of the CDCR Bidder Acknowledgement/Certification form (OBS 300), your business shall be classified as a large business, which will preclude your bid from receiving the five percent (5%) Small/Micro business preference and can cause incorrect reporting of Small/Micro business and large business participation by CDCR.

If you are a certified DVBE and fail to specify that information on the CDCR Bidder Acknowledgement/Certification form, (OBS 300) your business shall be classified as a large business, which will preclude your bid from receiving any range of the DVBE incentive and cause incorrect reporting of DVBE participation by CDCR.

Program Area # 1

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2027/2028
(July 1, 2027 through June 30, 2028)

A.1	**PERSONNEL (Placement Office) *Salary Positions**	**Number of Positions**	**Monthly Salary Rate Range**			**Actual Monthly Rate**	**% of Project Time***	**Months per Year***	**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
								Subtotal Annual Monthly Personnel Cost	$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
								Subtotal Annual Hourly Personnel Cost	$ -
A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**								$ -
								TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)	$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
								TOTAL SUBCONTRACTORS COSTS (B)	$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**					**TOTAL OPERATING COSTS (C)**			$
								SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)	$ -
D.	**TOTAL INDIRECT COSTS**					(% of Subtotal Annual Direct Expenses):		**%**	$ -
E.	*****PROFIT/SERVICE FEE**					(% of Subtotal Annual Direct Expenses):		**%**	$ -
F.	**SERVICE MODALITIES:**			**Minimum Daily/Session Rate**		**Maximum Daily/Session Rate**			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
								TOTAL SERVICE MODALITIES COSTS (F)	$ -
								TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)	$ -
G.	******RHWH**								
	Returning Home Well Housing								$ 1,642,044.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions

******* Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

Program Area # 1

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2028/2029
(July 1, 2028 through June 30, 2029)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	%	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	%	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 1,642,044.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 1

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2029/2030
(July 1, 2029 through June 30, 2030)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	%	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	%	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)			$
G.	******RHWH**			
	Returning Home Well Housing			$ 1,642,044.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions

******* Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2030/2031
(July 1, 2030 through June 30, 2031)

Program Area # 1

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**		**TOTAL OPERATING COSTS (C)**	$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	%	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	%	$ -
F.	**SERVICE MODALITIES:**	**Minimum Daily/Session Rate**	**Maximum Daily/Session Rate**	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)			$
G.	******RHWH**			
	Returning Home Well Housing			$ 1,642,044.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions

*** Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to one (1) optional one (1) year term.

OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2031/2032
(July 1, 2031 through June 30, 2032)

Program Area # 1

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	%	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	%	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)			$
G.	******RHWH**			
	Returning Home Well Housing			$ 1,642,044.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 2

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2027/2028
(July 1, 2027 through June 30, 2028)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
F.	**SERVICE MODALITIES:**	**Minimum Daily/Session Rate**	**Maximum Daily/Session Rate**	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 1,882,827.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 2

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2028/2029
(July 1, 2028 through June 30, 2029)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
								Subtotal Annual Monthly Personnel Cost	$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
							Subtotal Annual Hourly Personnel Cost	$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**	$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)	$ -
B.	**SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*	
	Subcontracted Service Type	
	TOTAL SUBCONTRACTORS COSTS (B)	$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)** — **TOTAL OPERATING COSTS (C)**	$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)	
D.	**TOTAL INDIRECT COSTS** — (% of Subtotal Annual Direct Expenses): %	$ -
E.	**PROFIT/SERVICE FEE** — (% of Subtotal Annual Direct Expenses): %	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
			TOTAL SERVICE MODALITIES COSTS (F)	$ -
			TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)	$ -
G.	****RHWH			
	Returning Home Well Housing			$ 1,882,827.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 2

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2029/2030
(July 1, 2029 through June 30, 2030)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**					**TOTAL OPERATING COSTS (C)**			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								$ -
D.	**TOTAL INDIRECT COSTS**				(% of Subtotal Annual Direct Expenses):			**%**	$ -
E.	*****PROFIT/SERVICE FEE**				(% of Subtotal Annual Direct Expenses):			**%**	$ -
F.	**SERVICE MODALITIES:**			**Minimum Daily/Session Rate**		**Maximum Daily/Session Rate**			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)								$ -
G.	******RHWH**								
	Returning Home Well Housing								$ 1,882,827.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2030/2031
(July 1, 2030 through June 30, 2031)

Program Area # 2

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	**SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**					**TOTAL OPERATING COSTS (C)**			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								$ -
D.	**TOTAL INDIRECT COSTS**				(% of Subtotal Annual Direct Expenses):			%	$ -
E.	**PROFIT/SERVICE FEE**				(% of Subtotal Annual Direct Expenses):			%	$ -
F.	**SERVICE MODALITIES:**			**Minimum Daily/Session Rate**		**Maximum Daily/Session Rate**			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)								$ -
G.	**RHWH**								
	Returning Home Well Housing								$ 1,882,827.00

Note: in the SUBCONTRACTORS, PROFIT/SERVICE FEE and RHWH rows, the page prints "**SUBCONTRACTORS COSTS", "***PROFIT/SERVICE FEE" and "****RHWH".

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2031/2032
(July 1, 2031 through June 30, 2032)

Program Area # 2

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	%	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	%	$ -
F.	**SERVICE MODALITIES:**	**Minimum Daily/Session Rate**	**Maximum Daily/Session Rate**	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 1,882,827.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 3

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2027/2028
(July 1, 2027 through June 30, 2028)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**		$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)		$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*		
	Subcontracted Service Type		
	TOTAL SUBCONTRACTORS COSTS (B)		$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**	$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)		$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses): **%**	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses): **%**	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 2,125,320.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 3

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2028/2029
(July 1, 2028 through June 30, 2029)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	**SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
E.	***PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	**%**	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 2,125,320.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 3

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2029/2030
(July 1, 2029 through June 30, 2030)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**					**TOTAL OPERATING COSTS (C)**			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								$ -
D.	**TOTAL INDIRECT COSTS**				(% of Subtotal Annual Direct Expenses):			%	$ -
E.	*****PROFIT/SERVICE FEE**				(% of Subtotal Annual Direct Expenses):			%	$ -

F.	**SERVICE MODALITIES:**	**Minimum Daily/Session Rate**	**Maximum Daily/Session Rate**	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 2,125,320.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2030/2031
(July 1, 2030 through June 30, 2031)

Program Area # 3

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	**SUBCONTRACTORS COSTS *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)	TOTAL OPERATING COSTS (C)		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	TOTAL INDIRECT COSTS	(% of Subtotal Annual Direct Expenses):	%	$ -
E.	***PROFIT/SERVICE FEE	(% of Subtotal Annual Direct Expenses):	%	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)			$ -
G.	****RHWH			
	Returning Home Well Housing			$ 2,125,320.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2031/2032
(July 1, 2031 through June 30, 2032)

Program Area # 3

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**					**TOTAL OPERATING COSTS (C)**			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								$ -
D.	**TOTAL INDIRECT COSTS**					(% of Subtotal Annual Direct Expenses):		%	$ -
E.	*****PROFIT/SERVICE FEE**					(% of Subtotal Annual Direct Expenses):		%	$ -
F.	**SERVICE MODALITIES:**			**Minimum Daily/Session Rate**		**Maximum Daily/Session Rate**			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)								$ -
G.	******RHWH**								
	Returning Home Well Housing								$ 2,125,320.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 4

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2027/2028
(July 1, 2027 through June 30, 2028)

A.1	**PERSONNEL (Placement Office) *Salary Positions**	**Number of Positions**	**Monthly Salary Rate Range**			**Actual Monthly Rate**	**% of Project Time***	**Months per Year***	**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**					**TOTAL OPERATING COSTS (C)**			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								$ -
D.	**TOTAL INDIRECT COSTS**				(% of Subtotal Annual Direct Expenses):			**%**	$ -
E.	*****PROFIT/SERVICE FEE**				(% of Subtotal Annual Direct Expenses):			**%**	$ -
F.	**SERVICE MODALITIES:**			**Minimum Daily/Session Rate**		**Maximum Daily/Session Rate**			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)								$ -
G.	******RHWH**								
	Returning Home Well Housing								$ 2,105,537.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 4

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2028/2029
(July 1, 2028 through June 30, 2029)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
F.	**SERVICE MODALITIES:**	**Minimum Daily/Session Rate**	**Maximum Daily/Session Rate**	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 2,105,537.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 4

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2029/2030
(July 1, 2029 through June 30, 2030)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	**SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
E.	**PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	**%**	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30(SUM OF A+B+C+D+E+F)			$ -
G.	**RHWH**			
	Returning Home Well Housing			$ 2,105,537.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2030/2031
(July 1, 2030 through June 30, 2031)

Program Area # 4

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	**SUBCONTRACTORS COSTS *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)					TOTAL OPERATING COSTS (C)			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								$ -
D.	TOTAL INDIRECT COSTS				(% of Subtotal Annual Direct Expenses):			%	$ -
E.	***PROFIT/SERVICE FEE				(% of Subtotal Annual Direct Expenses):			%	$ -
F.	SERVICE MODALITIES:			Minimum Daily/Session Rate		Maximum Daily/Session Rate			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)								$ -
G.	****RHWH								
	Returning Home Well Housing								$ 2,105,537.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2031/2032
(July 1, 2031 through June 30, 2032)

Program Area # 4

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	%	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	%	$ -
F.	**SERVICE MODALITIES:**	**Minimum Daily/Session Rate**	**Maximum Daily/Session Rate**	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 2,105,537.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 5

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2027/2028
(July 1, 2027 through June 30, 2028)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range	Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
			$ - - $ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost						$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range	Actual Hourly Rate	Hours Per Year	TOTAL
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		$ -
			$ - - $ -	$ -		
	Subtotal Annual Hourly Personnel Cost					$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
F.	**SERVICE MODALITIES:**	**Minimum Daily/Session Rate**	**Maximum Daily/Session Rate**	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$3,537,563.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 5

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2028/2029
(July 1, 2028 through June 30, 2029)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	**SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**					**TOTAL OPERATING COSTS (C)**			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								$ -
D.	**TOTAL INDIRECT COSTS**				(% of Subtotal Annual Direct Expenses):			%	$ -
E.	*****PROFIT/SERVICE FEE**				(% of Subtotal Annual Direct Expenses):			%	$ -
F.	**SERVICE MODALITIES:**			**Minimum Daily/Session Rate**		**Maximum Daily/Session Rate**			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)								$ -
G.	******RHWH**								
	Returning Home Well Housing								$3,537,563.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 5

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2029/2030
(July 1, 2029 through June 30, 2030)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**		$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)		$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*		
	Subcontracted Service Type		
	TOTAL SUBCONTRACTORS COSTS (B)		$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**	$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)		$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses): **%**	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses): **%**	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$3,537,563.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2030/2031
(July 1, 2030 through June 30, 2031)

Program Area # 5

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**					**TOTAL OPERATING COSTS (C)**			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								
D.	**TOTAL INDIRECT COSTS**				(% of Subtotal Annual Direct Expenses):			%	$ -
E.	*****PROFIT/SERVICE FEE**				(% of Subtotal Annual Direct Expenses):			%	$ -
F.	**SERVICE MODALITIES:**				**Minimum Daily/Session Rate**	**Maximum Daily/Session Rate**			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)								$ -
G.	******RHWH**								
	Returning Home Well Housing								$3,537,563.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2031/2032
(July 1, 2031 through June 30, 2032)

Program Area # 5

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year		TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	**SUBCONTRACTORS COSTS *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)					TOTAL OPERATING COSTS (C)			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								
D.	TOTAL INDIRECT COSTS					(% of Subtotal Annual Direct Expenses):		%	$ -
E.	***PROFIT/SERVICE FEE					(% of Subtotal Annual Direct Expenses):		%	$ -
F.	SERVICE MODALITIES:			Minimum Daily/Session Rate		Maximum Daily/Session Rate			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)								$ -
G.	****RHWH								
	Returning Home Well Housing								$3,537,563.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 6

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2027/2028
(July 1, 2027 through June 30, 2028)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	**%**	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2027/28 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 1,606,709.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 6

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2028/2029
(July 1, 2028 through June 30, 2029)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year		TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	**SUBCONTRACTORS COSTS *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)					TOTAL OPERATING COSTS (C)			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								
D.	TOTAL INDIRECT COSTS				(% of Subtotal Annual Direct Expenses):			%	$ -
E.	***PROFIT/SERVICE FEE				(% of Subtotal Annual Direct Expenses):			%	$ -
F.	SERVICE MODALITIES:			Minimum Daily/Session Rate		Maximum Daily/Session Rate			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2028/29 (SUM OF A+B+C+D+E+F)								$ -
G.	****RHWH								
	Returning Home Well Housing								$ 1,606,709.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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Program Area # 6

SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2029/2030
(July 1, 2029 through June 30, 2030)

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office)** **(Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	**%**	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	**%**	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2029/30 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 1,606,709.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

** SB/DVBE subcontractor changes will only be allowed in compliance with Exhibit D, Special Terms and Conditions

******* Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) optional one (1) year terms.

OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2030/2031
(July 1, 2030 through June 30, 2031)

Program Area # 6

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -

A.2	PERSONNEL (Placement Office) *Hourly Positions	Number of Positions	Hourly Rate Range			Actual Hourly Rate	Hours Per Year	TOTAL
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
			$ -	-	$ -	$ -		$ -
	Subtotal Annual Hourly Personnel Cost							$ -

A.3	**Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)**			$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)			$ -
B.	****SUBCONTRACTORS COSTS** *(Excluding Section F. Service Modalities and Section G. RHWH)*			
	Subcontracted Service Type			
	TOTAL SUBCONTRACTORS COSTS (B)			$ -
C.	**OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)**	**TOTAL OPERATING COSTS (C)**		$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)			$ -
D.	**TOTAL INDIRECT COSTS**	(% of Subtotal Annual Direct Expenses):	%	$ -
E.	*****PROFIT/SERVICE FEE**	(% of Subtotal Annual Direct Expenses):	%	$ -

F.	SERVICE MODALITIES:	Minimum Daily/Session Rate	Maximum Daily/Session Rate	
	Detoxification			
	Residential			
	FOTEP			
	Outpatient			
	RRH			
	TOTAL SERVICE MODALITIES COSTS (F)			$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2030/31 (SUM OF A+B+C+D+E+F)			$ -
G.	******RHWH**			
	Returning Home Well Housing			$ 1,606,709.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

If it is determined to be in the best interest of the State, upon execution of the agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to one (1) optional one (1) year term.

OPTIONAL YEAR
SPECIALIZED TREATMENT FOR OPTIMIZED PROGRAMMING
FISCAL YEAR 2031/2032
(July 1, 2031 through June 30, 2032)

Program Area # 6

A.1	PERSONNEL (Placement Office) *Salary Positions	Number of Positions	Monthly Salary Rate Range			Actual Monthly Rate	% of Project Time*	Months per Year*	TOTAL
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Monthly Personnel Cost								$ -
A.2	**PERSONNEL (Placement Office) *Hourly Positions**	**Number of Positions**	**Hourly Rate Range**			**Actual Hourly Rate**	**Hours Per Year**		**TOTAL**
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
			$ -	-	$ -	$ -			$ -
	Subtotal Annual Hourly Personnel Cost								$ -
A.3	Other Personnel Costs (Benefits, Retention Allowances, Bilingual Pay, Overtime, Temporary Help)								$ -
	TOTAL PERSONNEL COSTS (A.1 + A.2 + A.3) (A)								$ -
B.	**SUBCONTRACTORS COSTS *(Excluding Section F. Service Modalities and Section G. RHWH)*								
	Subcontracted Service Type								
	TOTAL SUBCONTRACTORS COSTS (B)								$ -
C.	OPERATING COSTS (Placement Office) (Refer to Exhibit B-1, Line Item Budget Guide for allowable costs)					TOTAL OPERATING COSTS (C)			$
	SUBTOTAL ANNUAL DIRECT EXPENSES (SUM OF A+C)								$ -
D.	TOTAL INDIRECT COSTS				(% of Subtotal Annual Direct Expenses):			%	$ -
E.	***PROFIT/SERVICE FEE				(% of Subtotal Annual Direct Expenses):			%	$ -
F.	SERVICE MODALITIES:			Minimum Daily/Session Rate		Maximum Daily/Session Rate			
	Detoxification								
	Residential								
	FOTEP								
	Outpatient								
	RRH								
	TOTAL SERVICE MODALITIES COSTS (F)								$ -
	TOTAL OPERATIONAL BUDGET FOR FISCAL YEAR 2031/32 (SUM OF A+B+C+D+E+F)								$ -
G.	****RHWH								
	Returning Home Well Housing								$ 1,606,709.00

* All salaried positions must be full-time. Full-time salaried positions must be budgeted at 100% of project time and twelve (12) months per year. Full-time hourly positions must be budgeted at two thousand eighty (2080) hours per year. Proposers are responsible for determining and listing all additional positions required to deliver the services outlined in the Agreement. Only positions listed at the time of proposal submission can be invoiced. The Contractor MUST account for year-over-year salary, benefits and cost of living adjustments over the term of the Agreement. Salaries and wages must be sustainable for the full twelve (12) months within each Fiscal Year. Budget Proposal Rate Sheets submitted with the RFP will be incorporated into the executed Agreement and further changes will not be allowed.

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*** Profit Fee is for For-Profit Programs Only.

****RHWH funding is not guaranteed. Availability of this funding is dependent upon the Governor's Budget.

SPECIALIZED TREATMENT FOR OPTOMIZIED PROGRAMMING
PROGRAM AREA: _________

BUDGET PROPOSAL RATE SHEET SUMMARY

FISCAL YEAR	BUDGET
FY 2027/28 (Exhibit B-1.1)	
FY 2028/29 (Exhibit B-1.2)	
FY 2029/30 (Exhibit B-1.3)	
TOTAL BID AMOUNT (Basis of Award)	

FISCAL YEAR	BUDGET
FY 2030/31 (Exhibit B-1.4) Optional Year	
FY 2031/32 (Exhibit B-1.5) Optional Year	
TOTAL AMOUNT	

*The term of this Agreement is three (3) years with two (2) one (1) year optional terms.

**Program Area	Number of Counties Within Program Area	Gender	***Estimated Daily Capacity	*****Daily RHWH Capacity	*2027-28	*2028-29	*2029-30	*OPTION YEAR 1 ****2030-31	*OPTION YEAR 2 ****2031-32	*Fiscal Year Totals
1	22	Male or Female	up to 246	56	$16,932,177	$17,237,980	$17,549,898	$17,868,056	$18,192,576	$87,780,687
2	15	Male or Female	up to 190	57	$19,415,040	$19,765,684	$20,123,341	$20,488,152	$20,860,259	$100,652,476
3	15	Male or Female	up to 390	87	$21,915,547	$22,311,352	$22,715,073	$23,126,868	$23,546,899	$113,615,739
4	2	Male or Female	up to 291	56	$21,711,544	$22,103,664	$22,503,626	$22,911,588	$23,327,710	$112,558,132
5	1	Male or Female	up to 523	129	$36,478,090	$37,136,901	$37,808,888	$38,494,314	$39,193,430	$189,111,623
6	3	Male or Female	up to 235	57	$16,567,808	$16,867,030	$17,172,236	$17,483,547	$17,801,084	$85,891,705

*Proposals exceeding the funds alotted for each fiscal year, as listed in the chart above will be disqualified from the Proposal process.

** Proposals received that are not within the Program Area specified, will be disqualified. Please refer to Attachment 1, STOP Program Areas.

*** CDCR does not guarantee use of all available capacity.

**** If it is determined to be in the best interest of the State, upon agreement between CDCR and the Contractor, the State may extend this Agreement through an amendment for up to two (2) one (1) year optional terms. The services for the extended period shall be provided at the rates specified in Exhibit B-1.4 and Exhibit B-1.5, Budget Proposal Rate Sheet (Optional Year) submitted with the proposal.

***** RHWH capacity is subject to the approval of the California State Budget Act, and could be eliminated at any time. If this occurs, the RHWH capacity will be null and void. RHWH Funding is not included on this attachment. Refer to the Budget Proposal Rate Sheet Exhibit B-1.1 through B-1.5 for the corresponding STOP Program Area.