



RFA #CN2019-02 Specialized Residential Homes for Teens

**Attachment #1
Unit Description and Cost Summary**

Applicant: _____ Contact: _____
 Address: _____ Phone Number: _____
 _____ Fax Number: _____

Service Name - Unit of Service / Per occupied bed day	Unit Cost	# of Units	\$ Amount
	\$		\$
	\$		\$
	\$		\$
Total			\$
<i>This total should equal the Total Expenses Column on your program budget</i>			

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

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