RFP #CN2025-02
Adoption Case Management Services in Broward County

Attachment #1
Unit Description and Cost Summary

Applicant: _____

Contact: _____

Address: _____

Phone Number: _____

Email Address: _____

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

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

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____