|  |  |  |  |  |
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| **ATTACHMENT III: 6 Year Rate Quote** |  |  |  |  |
| **RFP - CCE/ADI/HCE** |  |  |  |  |
| **PSA 5** | |  |  |  |
| **County Name:** |  | | |  |
| **Fiscal period:** | July 1, 2023 to June 30, 2029 | | |  |
| **Provider Name:** |  | |  |  |
| **Original Date of Submission:** |  |  |  |  |
|  |  | **Case Aide** | **Case Management** |  |
| **Current Rate (if applicable):** |  | **$ -** | **$ -** |  |
| **Rate Requested:** |  | **$ -** | **$ -** |  |
| **Provide 6 Year Quote Narrative** |  |  |  |  |
| **6 Year Quotes** | **Case Aide** | **Case Management** |
|  |  |  |
| **2023** | $ - | $ - |
|  |  |  |
| **2024** | $ - | $ - |
|  |  |  |
| **2025** | $ - | $ - |
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| **2026** | $ - | $ - |
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| **2027** | $ - | $ - |
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| **2028** | $ - | $ - |
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| **Signature** |  | **Date** |  |  |
|  |  |  |  |  |
| Provide 6 Year Quote Narrative: | | | | |