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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** |  $ -  |  $ -  |
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| **2028** |  $ -  |  $ -  |
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| **Signature** |  | **Date** |  |  |
|  |  |  |  |  |
| Provide 6 Year Quote Narrative: |