**APPENDIX F**

**SUMMARY OF TOTAL PROGRAM COSTS**

This form represents a summary of the DOC funding requested for the number of years a proposer if offering such program.

(*Note: Terms of contract offers will be two to three years with the option to extend at the discretion of DOC)*

|  |  |
| --- | --- |
| Proposer Name: |  |
| Program Name: |  |
| **# of DOC Proposed Beds** |  |
| Program Costs: |  |
| FY24 (3 mos) April 1-June 30 | Year 1 | $ |
| FY25 (July 1 – June 30) | Year 2 | $ |
| FY26 (July 1 – June 30) | Year 3 | $ |
| FY27 (July 1 – June 30) | Year 4 | $ |
| **TOTAL REQUESTED FUNDING** | **$** |

If the proposer has additional capacity and DOC has the need for temporary per diem beds, please provide per diem rates:

|  |  |
| --- | --- |
| Daily: | $ |
| Weekly: | $ |
| Monthly: | $ |