

## APPENDIX F

### SUMMARY OF TOTAL PROGRAM COSTS

This form represents a summary of the DOC funding requested for the number of years a proposer is 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:		
<b># of DOC Proposed Beds</b>		
Program Costs:		
FY23	Year 1	\$
FY24	Year 2	\$
FY25	Year 3	\$
<b>TOTAL REQUESTED FUNDING</b>		<b>\$</b>

In the event that DOC does not have the ability to fund a Proposer's full program, please indicate the **minimum # of beds** and costs required to keep the program sustainable.

Proposer Name:		
Program Name:		
<b>Minimum # of DOC Beds required for program to be sustainable</b>		
Minimum Program Costs to maintain program sustainability:		
FY23	Year 1	\$
FY24	Year 2	\$
FY25	Year 3	\$
<b>TOTAL REQUESTED FUNDING</b>		<b>\$</b>

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

Daily:	\$
Weekly:	\$
Monthly:	\$