**APPENDIX E**

**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: |  |
| FY26 | Year 1 | $ |
| FY27 | Year 2 | $ |
| FY28 | Year 3 | $ |
| **TOTAL REQUESTED FUNDING** | **$** |

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

|  |  |
| --- | --- |
| Proposer Name: |  |
| Program Name: |  |
| **Minimum # of DOC Beds required for program to be sustainable** |  |
| Minimum Program Costs to maintain program sustainability: |
| FY26 | Year 1 | $ |
| FY27 | Year 2 | $ |
| FY28 | Year 3 | $ |
| **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: | $ |