**ATTACHMENT 2B**

**RFR/A APPLICATION PRICE SHEET - INDEPENDENT THERAPIST VISITS - ADMINISTRATIVE TIME**

**RFR/A # 2024-0520IT**

**Acceptable Salary Range (Please select an acceptable hourly labor rate): $20.00-$25.00/hour**

| **Initial Term: Year 1-2** | |
| --- | --- |
| **Hourly Administrative Rate** | **Estimated Weekly Hours Available** |
| **$** |  |

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|  |  |  |  |
| Authorized Individual Name |  | Company Name (if applicable) | |
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|  |  |  |  |
| Title |  | Individual or Company Tax ID # | |
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| This Application Price Sheet must accompany the Resume/Application provided. The “Hourly Labor Rate” is the actual fully-loaded rate that the GCHD will pay for services recorded in dollars and cents for Administrative time. | | | |