**ATTACHMENT 2**

**RFR/A APPLICATION PRICE SHEET - RN NURSING HOME VISITS**

**RFR/A # 2024-0522RN**

**Acceptable Salary Range (Please select an acceptable hourly labor rate): $30.00-$45.00/hour**

| **Initial Term: Year 1-3** (This rate will not change during the 3 year term) | |
| --- | --- |
| **Hourly Labor Rate** | **Estimated Weekly Hours Available** |
| **$** |  |
| **Renewal Term Year 1-3** (This rate will not change during the 3 year term) | |
| **Hourly Labor Rate** | **Estimated Weekly Hours Available** |
| **$** |  |

*\*\*Failure to complete the Renewal Term Section will not result in a disqualification of the initial bid, but may result in a continuation of the rates listed in the initial term.*

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Individual Name |  | Company Name (if applicable) | |
|  |  |  |  |
| Title |  | Individual or Company Tax ID # | |

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.