**ATTACHMENT 2**

**RFR/A APPLICATION PRICE SHEET - MEDICAL CARE PROGRAM ASSOCIATE**

**RFR/A # 2024-0531MCPA**

**Acceptable Salary Range (Please select an acceptable hourly labor rate): $16- 18/hour**

| **Initial Term: (6) Six Months** |
| --- |
| **Hourly Labor Rate** | **Estimated Weekly Hours Available** |
| **$** |  |

|   |   |   |   |
| --- | --- | --- | --- |
| 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.  |