

ATTACHMENT H - PRICE SHEET (MANDATORY)
A PRICE SHEET (ATTACHMENT H) SHALL BE SUBMITTED FOR EACH CIRCUIT PROPOSED

CIRCUIT _____

THIS IS A MANDATORY FORM. IT MUST BE COMPLETED AND RETURNED WITH THE PROPOSAL.

| Juvenile Sex Offender Treatment Services | Proposed Rate | Maximum Allowable Rate |
|---|---------------|--|
| Psychosexual Evaluation with Report (one per youth) | (1) \$ | \$500.00 |
| Individualized Treatment Plan (one per youth) | (2) \$ | \$40.00 |
| Individualized Treatment Plan Review (one per month per youth) | (3) \$ | \$35.00 |
| Individual Juvenile Sex Offender Therapy Session** (per session per youth) | (4) \$ | \$65.00 |
| Family Juvenile Sex Offender Therapy Session** (per session per family) | (5) \$ | \$60.00 |
| Group Juvenile Sex Offender Therapy Session** (per group) | (6) \$ | \$30.00 |
| Monthly Progress Report (one report monthly per youth) | (7) \$ | \$5.00 |
| Legal Testimony (one per court appearance) | (8) \$ | \$100.00 (per hour not to exceed five hours per appearance) |

**All sessions shall either be a full session that is sixty (60) minutes in duration, (with a minimum of fifty (50) minutes counseling/therapy time) or a half session that is thirty (30) minutes in duration (with a minimum of twenty-five (25) minutes counseling/therapy time) and provided by a licensed professional meeting the requirements to practice juvenile sexual offender therapy as specified in subsection 490.0145, Florida Statute (F.S.), and Rule 64B19-18.0025, Florida Administrative Code (F.A.C.), or subsection 491.0144, F.S., and Rule 64B4-7.007, F.A.C.

NOTE: Maximum Allowable Rate for a half session will be calculated at 50% of the full session Maximum Allowable Rate for the same service.

It is **MANDATORY** that the Respondent shall provide a price (rate) for services they are able to provide by returning a completed copy of the Department's Attachment H - Price Sheet. The rates (prices proposed) must include all services, material and labor necessary to complete the services outlined in the Attachment A, Services Sought and the Respondent's proposal. The rates shall be expressed as two decimal number rates. Any proposal without a completed Attachment H for the Circuit proposed shall be rejected.

By submission of and signature on this form, the prospective Respondent agrees to all terms and conditions of this RFP and commits the proposer to the prices stated.

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____ DATE: _____