

**COASTAL GEORGIA AAA RFP #2017-04  
Request for Proposal for Community Care Services Program  
Revenue Plan and Units/Persons**

*Instructions: Offerors must complete form for all programs and services proposed. Provide a written narrative concerning the budget. It is important to document the full costs of the program and the resources to fund the service as proposed in the Request for Proposal narrative. The total budget must equal the total cost as represented on the UCM spreadsheet.*

<i>Provider Name:</i>		<i>Revenue Plan and Local Funds Leveraged</i>							<i>Units</i>	<i>Persons</i>	<i>Unit Cost</i>
<i>Service Being Proposed</i>	<i>Name of Fund Source (Offeror must specify other fund sources)</i>	<i>Federal \$ Allocation</i>	<i>State \$ Allocation</i>	<i>Minimum Required Match \$ or In-Kind Donations</i>	<i>Projected Program Income</i>	<i>Projected Fees</i>	<i>Additional Funds Supporting Service</i>	<i>Total Budget</i>	<i># of Units</i>	<i>Projected # of Persons to be Served</i>	<i>Unit Cost or Line Item</i>
Care Coordination	CCSP	\$ 559,995	\$ 559,995					\$ 1,119,990			Line Item Budget
								\$ -			
								\$ -			
	<b>TOTAL Care Coordination</b>	<b>\$ 559,995</b>	<b>\$ 559,995</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,119,990</b>	<b>-</b>	<b>-</b>	<b>\$ -</b>