

**COASTAL GEORGIA AAA RFP #2014-01
Request for Proposal for GeorgiaCares 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 Voluntary Client Contribution</i>	<i>Projected Cost Share for Service</i>	<i>Additional Local 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>
GeorgiaCares Program	CBS-GaCares		\$ 5,528					\$ 5,528			Line item
	GaCares SMP	\$ 12,500						\$ 12,500			Line item
	GaCares SHIP	\$ 55,189						\$ 55,189			Line item
	TOTAL ELAP	\$ 67,689	\$ 5,528	\$ -	\$ -	\$ -	\$ -	\$ 73,217	-	-	\$ -