EXHIBIT L: Case Management Cost Proposal Face Page

RFA #HHS0011832

Name	
Mailing Address Include street address, city, county and ZIP	
Physical Address *If different from Mailing Address* Include street address, city, county and ZIP	
Website	
Phone Number	
Type of Entity	☐ Local Governmental Entity ☐ City ☐ County ☐ Other ☐ Nonprofit Organization

Respondent must complete and place it in a separate, sealed package, clearly marked as Exhibit L with the Applicant's name, the RFA number, and the RFA submission date.

Respondent must develop and submit a cost proposal for a daily per diem case management rate and methodology in support of its proposed Stage II services associated with Child placement, conservatorship services, kinship home development and maintenance, Reunification and Case Management services. The Case Management days are forecasted for each fiscal year by Catchment area. See Exhibit KI Statement of Work, Section 3.04 (C) Resource Transfer for Case Management (Stages II-III and forecasting data contained in the Procurement Library and DFPS Interactive Data book. https://www.dfps.state.tx.us/About_DFPS/Data_Book/default.asp

DFPS reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the Contract resulting from this RFA are deemed rejected by DFPS.

Respondent must demonstrate that project costs outlined in the Cost Proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.

Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, as modified by TxGMS, with effect given to whichever provision imposes the more stringent requirement in the event of a conflict.

There is no prescribed template for the submission of the Case Management Cost Proposal