EXHIBIT K: Purchased Client Services 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 K, with the Applicant's name, the RFA number, and the RFA submission date.

Respondent must submit its proposed cost proposal for Purchased Client Services (PCS) that includes payment methodologies and applicable fee schedules for services offered through the use of PCS funding allocations. Fees charged to DFPS must be reasonable and comparable to those for similar services within the Catchment area. See Exhibit I, Statement of Work, Section 2.32 and Chart 13 Sample Service Array.

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.

Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, as modified by TxGMS, with effective 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 Stage II Purchased Client Services Cost Proposal