

COST TEMPLATE: BUNDLED SERVICE UNIT COST WORKSHEET

REGION 4

PROPOSER:				YEAR:	
Service Category	Unit of Service Description	Estimated Quantity		Unit Cost	Total Cost Proposed
		# of UDC	# of Units		
Non-Medical Case Management	1 15-minute social work face to face* encounter	620	10945		
	1 15-minute other staff face to face* encounter	620	10945		
	*non-intake				
	1 social work other encounter**	692	23700		
	1 other staff, other encounter**	692	23700		
	** telephone contact with the client, or on the client's behalf				
Health Education/Risk Reduction	1 15 min. individual education	735	2205		
	1 hour for each adult client attending group education	140	420		
Outreach Services	15 min of outreach effort to PLWH	210	840		
Referral for Health Care/Support Services	1 referral	735	3570		
Medical Transportation	1 one-way trip	102	612		
	1 transportation dollar issued****	340	28313		
	***This unit cost shall not exceed \$1.10 per unit				
HOPWA	1 HOPWA Tenant Based Rental Assistance Dollar****	22	98722		
	****This unit cost shall not exceed \$1.07 per unit				
TOTAL PROPOSED COST					

Summary of Bundled Services Proposed Costs: Total Cost Proposed

- A. Ryan White Part B Non-Medical Case Management \$
- B. Health Education/Risk Reduction \$
- C. Outreach Services \$
- D. Referral for Health Care/Supportive Services \$
- E. Medical Transportation \$
- F. HOPWA Tenant-Based Rental Assistance \$

TOTAL for All Bundled Services \$
(Year ____)

TOTAL PROPOSER BUDGET FOR THE 3 YEARS		
	Bundled Services	Total
Year 1		
Year 2		
Year 3		
Total 3-Year Budget		