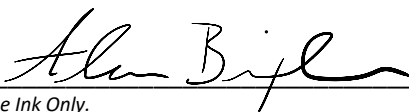


**710-24-0009 Health and Well Being Program**

**BEST AND FINAL OFFER (BAFO)**  
**COST PROPOSAL FORM**

UNIT PRICE DAILY RATE PER HOUSEHOLD	\$
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*By signature of this form and submission of a cost in response to this request, the respondent acknowledges that this submission is all-inclusive, true, and accurate. Also, by signature below, vendor agrees to and shall fully comply with all terms and compliances agreed to in responses submitted.*

Authorized Signature:   
Use Ink Only.

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_