

710-21-0018 Comprehensive Substance Abuse Treatment Services

BEST AND FINAL OFFER (BAFO)
COST PROPOSAL FORM

| | |
|--|-----------|
| Catchment Area: | |
| Proposed Annual Price for All Services: | \$ |

NOTE: 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.

| | | | |
|-------------------------|--|---------------|--|
| Vendor Name: | | Date: | |
| Print/Type Name: | | Title: | |

Authorized Signature: