

SUPPLIER PRICE REQUEST

ISSUING OFFICE		CONTRACTOR'S INFORMATION	
Bureau of Juvenile Justice Services 8 Opportunity Drive Loysville, PA 17047 CONTRACTING OFFICER: Elizabeth Cvejkus PHONE NO: 717-789-5549 FAX NO: 717-789-4834		NAME & ADDRESS: County Commissioners Association of Pennsylvania CCAP PO Box 60769 Harrisburg, PA 17106-0769 CONTACT PERSON: Wayne Bear PHONE NO: 717-436-4717 FAX NO: (717) 828-1167 SAP VENDOR NO.: 119804 LICENSE OR REGISTRATION NO.:	
ANTICIPATED CONTRACT PERIOD			
START DATE: 4/1/2020	END DATE: 3/31/2021		
MATERIAL/SERVICE DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
Item: Task 2 Deliverable 2 (Active User Accounts)	10200	\$8.52	\$86,904.00
Item: Placement Treatment Services (Blended Rate)	800	\$93.57	\$74,856.00
Item: Standardized Program Evaluation Protocol (SPEP) (Blended Rate)	50	\$93.57	\$4,678.50
Item: Evidence-Based Programming (Blended Rate)	50	\$93.57	\$4,678.50
Item: Federal Prison Rape Elimination Act (PREA) Compliance Reporting and Audit Documentation (Blended Rate)	50	\$93.57	\$4,678.50
Item: Performance Based Standard (Blended Rate)	50	\$93.57	\$4,678.50
Item: Preliminary Turnover Work Plan	1	0	0
Item: Final Turnover Work Plan	1	\$2,808.00	\$2,808.00
Item: Turnover Results Report	1	\$14,040.00	\$14,040.00

TOTAL ▶	\$197,322.00
<p>In compliance with the terms, conditions, and specifications referenced below, the undersigned, on behalf of the Contractor, which intends to be legally bound hereby, offers and agrees, if the quote is accepted, to provide the specified services at the price(s) set forth above at the time(s) and point(s) specified.</p> <ol style="list-style-type: none"> 1. Standard Purchase Order Terms and Conditions – Paper PO, BOP-1202 or Standard Contract Terms and Conditions – Paper Contract, BOP-1204 2. Specifications or Statement of Work (attached) 3. Reciprocal Limitations Act Requirements, GSPUR-89 (Materials Only) 4. Insert additional Item, as applicable: 5. Insert additional Item, as applicable: 	
▼ CONTRACTOR'S SIGNATURE (IN INK) ▼	
<p>PRESIDENT/VICE PRESIDENT/MANAGER/PARTNER/OWNER <i>Executive Director</i> DATE <i>2/13/2020</i> (SIGN BELOW, PRINT NAME, AND CIRCLE TITLE ABOVE)</p> <p><i>Lisa M. Schaefer</i> Lisa M. Schaefer</p>	