



**FAMILY AND CHILDREN'S TRUST  
 REQUEST FOR PROPOSALS (RFP) 1216**

**8.5 FORM #5: Service Estimates Instructions**

**SERVICE ESTIMATES INSTRUCTIONS**

Complete the Service Unit Form on the following page. Specify the length of time and the total number of each type of service unit the agency will provide to clients during the contract period, (i.e., number and length of services, e.g., counseling sessions, education sessions, outreach activities, etc.) Indicate how the performance of services will be monitored. Indicate number of unduplicated clients to be served.

<b>Service Unit Type</b>	<b>Number of Units of Service</b>	<b>Time for Service Unit</b>	<b>Number Unduplicated Clients</b>	<b>Monitoring Tool</b>
Risk Screening	500 screenings	1 hour	500 women	Screening Questionnaires Completed
Provider Training	3 sessions	40 min x 3 = 2 hours	12 staff	Agenda Attendance sheets
Referral to SA Specialist	65 referrals		65 women	Referral forms
Needs Assessments	55 assessments	1 hour	55 women	Case mgmt files
Case Management	52 weekly	30 min each	52 women	Case mgmt files
Home visits	26 visits	1 hour	52 women	Case mgmt files

**EXAMPLE**



CONTRA COSTA COUNTY  
EMPLOYMENT AND HUMAN SERVICES DEPARTMENT  
CHILDREN AND FAMILY SERVICES

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**8.5 (Cont.) FORM #5: Service Estimate Form**

ESTIMATED UNITS OF SERVICE				
Service Unit Type	Number of Units of Service	Time for Service Unit	Number Unduplicated Clients	Monitoring Tool