

QUOTE FORM

For: Mississippi Housing Locator

On behalf of \_\_\_\_\_, I am authorized to submit a binding quote to the  
(Name of company, partnership, or individual)

Mississippi Division of Medicaid (DOM) to provide professional services needed to assist with Mississippi's Bridge to Independence (B2I) Demonstration Project. I/we understand that the purpose of this service is to provide housing locator and related services to participants of Mississippi's Bridge to Independence (B2I) Demonstration Project.

I/we submit a bid of \$ \_\_\_\_\_ per hour, not to exceed a total administrative cost of \$ \_\_\_\_\_ for the period of the contract, and to perform each of the items included in the scope of work. I/we understand that the total contracted amount for this project shall not exceed fifty thousand (\$50,000) dollars.

Submitted by: \_\_\_\_\_ (Print/Type Name)

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address/Principal Place of Business Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Submission: \_\_\_\_\_