

**Oneida County Department:**

**Competing Proposal  
Only Respondent  
Sole Source RFP  
Other**

**ONEIDA COUNTY CONTRACT SUMMARY**

Name & Address of Vendor:

Title of Activity or Service:

Proposed Start Date:

Proposed End Date:

Client Population/Number to be Served:

Summary Statements:

Narrative Description of Proposed Services

Program/Service Objectives and Outcomes

Program Design and Staffing

Total Funding Requested:

Account Number:

Oneida County Dept. Funding Recommendation:

Proposed Funding Sources : Federal %

State %

County%

Cost Per Client Served:

Past Performance Data:

O.C. Department Staff Comments:

Mandated Service:            Yes            No