

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