

ATTACHMENT 2

**Salt Lake County Aging & Adult Services
ESTIMATE REQUEST/BID
For Environmental Adaptation Services**

Dear

This form constitutes an official request for a bid for completion of chore services for a client of the CCTP of Salt Lake County Aging and Adult Services. Please contact the case manager listed below, via email if you have any questions, or when you are ready to submit the estimate for the work. No work can be started until you have final authorization from the case manager. Once the case manager has accepted your bid you will receive an “approval of submitted work estimate” form.

NAME OF CONTRACTED VENDOR:

DATE OF REQUEST:

CASE MANAGER:

PHONE:

EMAIL:

PROGRAM:

- TAP
- Aging Waiver
- Caregiver Support
- New Choices Waiver

CLIENT NAME:

CLIENT ADDRESS

CLIENT PHONE:

Details of the work to be completed:

Requested date of estimate to CM:

Case Manager will have client contact you in order to schedule necessary appointments for initiating and completing work.

****TO BE COMPLETED BY VENDOR****

Projected Completion Date: