



Supports Coordinator: _____

Phone Number: _____ Fax: _____

Provider Bid/Estimate Form

**This portion to be filled out by Supports Coordinator

Participant Name: _____
First M. I. Last

Address: _____
Physical/ Street Address City/Town State Zip Code

Phone Number: _____ Alternative Contact: _____
Name & Phone Number

Brief Description of Work to be Completed: _____

Provider Bid/Estimate

**This portion to be filled out by Provider or submit bid/estimate in own format

Provider/Business Name: _____

Address: _____
Billing/Mailing Address City/Town State Zip Code

Phone Number: _____ Are you currently Licensed in the State of Michigan? Yes (please attach copy) No

Do you have an updated Certificate of Liability Insurance? Yes (please attach copy) No

Detailed Description of Service and Itemized Costs (please attach bid form/estimate, if necessary) _____

Total Estimated Cost: _____ Proposed Start Date: _____

Do you require advance payment/money down? Yes No If so, how much? _____

Provider Signature/Agreement

Date

Please Return Completed Form with any additional attachments to the Supports Coordinator listed above.