



EXHIBIT 3

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 Supported Aging Program of Salt Lake County Aging & 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 "Estimate Approval of Submitted Bill" form.

NAME OF CONTRACTED VENDOR: _____

DATE OF REQUEST: _____

CASE MANAGER: _____

PHONE: _____

EMAIL: _____

PROGRAM: TAP
 Caregiver Support
 VDC
 Refugee Program for Older Adults

CLIENT NAME: _____

CLIENT ADDRESS: _____

CLIENT PHONE: _____

Details of the work to be completed: _____

Requested date of estimate to CM: _____

*Case manager will have the client contact you
to schedule necessary appointments for initiating and completing work.*

*** TO BE COMPLETED BY VENDOR ***

Projected Completion Date: _____