

REQUIRED FORMS – EXHIBIT 11**INDIVIDUALIZED TRANSITION SKILLS PROGRAM****(CMS # 17-0015)****PRICING SCHEDULE****_____ Region**

Contractor hereby agrees to perform the services, the scope of which is set forth in the above identified contract for the County of Los Angeles, under all of the terms and conditions specified in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments and Contract.

Prices include all applicable charges and costs associated with receipt, delivery, confirmation, and any other costs necessary in the performance of all tasks outlined in the Statement of Work, Exhibits, Performance Requirements Summary, Attachments, and Contract.

Individualized Transition Skills Program	Price
TOTAL ANNUAL COST	\$_____ per year

Authorized Signature

Print Name and Title

Date