

ATTACHMENT D

Table below shows the costs for medical and psychiatric services for the term of this Agreement:

Fiscal Year (FY)	Daily Rate	Contract Amount for 11 Allocated Beds	Daily Rate for 11 Beds	Rate/Bed/Date for additional filled Non-Allocated beds up to 2 beds	Additional 2 Non-Allocated Beds, if filled	Maximum Contract Amount
7/1/2023 - 6/30/2024	\$281.48	\$1,133,238.48	\$3,096.28	\$281.48	\$206,043.36	\$1,339,281.84
7/1/2024 - 6/30/2025	\$289.93	\$1,164,068.95	\$3,189.23	\$289.93	\$211,648.90	\$1,375,717.85
7/1/2025 - 12/31/2025	\$298.63	\$604,427.12	\$1,655.96	\$298.63	\$109,895.84	\$714,322.96
Total		\$2,901,734.55			\$527,588.10	\$3,429,322.65