

Illinois Department of Public Health

COVID-19 Hotline

Request for Proposals

Attachment D: Budget Template

Pricing shall be submitted in the following format:

an all-inclusive monthly rate

Month	Monthly cost
Month 1	
Month 2	
Month 3	
Month 4	
Month 5	
Month 6	
Month 7	
Month 8	
Month 9	
Month 10	
Month 11	
Month 12	
Total Cost	