

**Schedule IX  
Client Schedule**

The details of the Clients will be disclosed upon award of the Autistic Spectrum Condition Service Contract.

35 Alexandra Road - or such other premises as determined by Council								Provider Total	
Client Name	Client No.	Client D/O/B	Move in date	Shared Hours Required (Day)	1:1 Hours Required (Day)	Shared Hours Required (Night)	Unit Cost (pw)	4 Weekly Cost	
1. To be advised									
2. To be advised									
3. To be advised									
4. To be advised									
5. To be advised									
6. To be advised									

**4 weekly cost: £ x (dependant on winning tenders hourly rate)**

The Council gives no guarantees about the number of hours of Service each Client shall require during the Term or the number of Clients in occupation of the Premises.