**Schedule 3 –Pricing Schedule**

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| --- |
| **Supplier Details** |
| Full name of the Supplier completing the tender |
|  |
| Registered company number / Charity Number |
|  |

With regard to Appendix C – Pricing Criteria Please indicate below the Lot(s) you are tendering for, and enter your price in the corresponding box.

|  |  |  |
| --- | --- | --- |
| Lot | Tendering | Submitted Cost |
| 1a) Promoting Wellbeing Service for Individuals with Learning Disabilities | Yes/No | Daily Rate:  £ |
| 1b) Promoting Wellbeing Service for Individuals with Physical Disabilities (including Sensory and Autism, in the absence of a Learning Disability) | Yes/No | Daily Rate:  £ |
| 2a) Promoting Independence Service for Individuals with Learning Disabilities | Yes/No | Daily Rate:  £ |
| 2b) Promoting Independence Service for Individuals with Physical Disabilities (including Sensory and Autism, in the absence of a Learning Disability) | Yes/No | Daily Rate:  £ |
| 3) Employment Support Service | Yes/No | Daily Rate:  £ |
| 4) Additional Support Service | Yes/No | Hourly Rate:  £ |
| Transport | Yes/No | Not Applicable (Set rate of £135 for minimum of 4 individuals requiring service) |