

Residential Congregate Care Program Surveillance Testing Cost Template

Organization:	
Vendor Number:	
Contact Name:	
Contact Email:	
Date:	

<b>TOTAL CONTRACT VALUE</b>
Please complete all yellow-highlighted cells

Please enter this value in the Standard Contract Form as the value associated with the Maximum Obligation contract

**Staffing totals:** Please enter the number of staff you employ or contract in each of the following settings. If staffing totals change over time, provide your best estimate

For the purposes of this Cost Response, the term "Residential congregate care staff" includes all persons, paid or unpaid, working or volunteering at each of the Contractor's residential social service program physical locations, **who have the potential for exposure to residents or to infectious materials**, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

Residential congregate care **staff does not include persons** who work entirely remotely or off-site, employees on leave or otherwise not working for the entirety of the relevant testing period (such as those on paid family medical leave), or staffing provided at the Commonwealth's expense.

Full staff definition is contained in the Surveillance Testing Guidance, and in Attachment A: Residential Social Services Surveillance Testing Contract

Residential congregate care staff		<i>&lt;&lt; Note that only staff who meet the definition above should be classified in this category</i>
Staff in non-residential settings		
Other staff (e.g., remote, administrative)		
<b>TOTAL NUMBER OF STAFF</b>	0	

**Resident totals:** Please enter the number of clients you serve in residential congregate care settings

Clients served in residential congregate care settings	
Clients served in non-residential settings	
<b>TOTAL NUMBER OF CLIENTS</b>	0