

**ATTACHMENT 3**

**Salt Lake County Aging & Adult Services  
ESTIMATE APPROVAL OF SUBMITTED BID  
For Environmental Adaptation Services**

Dear \_\_\_\_\_

This form constitutes official approval of your bid that was submitted on \_\_\_\_ for completion of a chore service for \_\_\_\_\_, a client of the CCTP program of Salt Lake County Aging and Adult Services.

NAME OF CONTRACTED VENDOR: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_

CLIENT PHONE: \_\_\_\_\_

AUTHORIZED COST OF THE WORK AS PER YOUR BID: \$ \_\_\_\_\_

Projected date of completion: \_\_\_\_\_

*Case Manager will have client contact you in order to schedule necessary appointments for initiating and completing work.*

***ONCE YOU HAVE COMPLETED THE WORK PLEASE NOTIFY THE CASE MANAGER FOR FINAL APPROVAL OF THE WORK.***