**La Crosse County Human Services**

**Corporate Guardianship Services**

**Request For Proposal**

**2025 - 2027**

**Vendor Form**

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vendor Information:**

Vendor Address:

Are you currently approved by the State of WI as a Corporate Guardian?

How many wards are you approved for?

Are you willing to obtain required insurance below, if you don’t already have it?

* Workers’ Compensation: minimum amount statutory – **required if you have employees**
* Comprehensive general liability: $1,000,000 per occurrence and in aggregate for bodily injury and property damage – **required for all corporate guardians**
* Auto Liability (if applicable): $1,000,000 per occurrence and in aggregate for bodily injury and property damage – **required if your agency will be billing La Crosse County for out of county mileage and travel time**

**Please outline the counties you are able to provide services in:**

La Crosse

Other (please outline all) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rates for each service: (complete Budget Rate Sheet)**

Monthly Guardian of Person or Estate\*(include how many hours a month is average)

Monthly Guardian of Person and Estate\*(include how many hours a month is average)

Mileage Outside of La Crosse County (or agency’s county if not in La Crosse County - when seeing clients that live outside of county)

Quarter hour work above and beyond monthly rate (will need prior authorization and should only be used when doing initial set up and closing of cases)

Quarter hour travel time out of county (when seeing clients that live outside of Lax Cty or agency’s county)

\*These monthly rates should be all-inclusive rates that encompass all expenses related to providing these services, including the insurance requirements above.