

**Mainframe DASD Storage
Cost Proposal
Pricing Summary**

Vendor Name:	(Please Put Your Company Name Here)			
Line#	Item Name	Total Item Price Including One Year Maintenance	Years Two - Four Maintenance	Total Cost Including Four Year Maintenance
1	Total Schedule B: Hardware	\$ -	\$ -	\$ -
2	Total Schedule C: Software	\$ -	\$ -	\$ -
3	Total Schedule D. Services	\$ -	n/a	\$ -
4	Total Schedule E. Other Costs	\$ -	n/a	\$ -
5				
6				
7				
	Project Total: (Please insure the total on this line includes all items)	\$ -	\$ -	\$ -

**Mainframe DASD Storage
Cost Proposal
Hardware**

Vendor Name: (Please Put Your Company Name Here)									
Line#	Item Name	Item Description/Specifications	Number of Units	Single Unit Price	Total Item Price Including One Year Maintenance	Cost of Year Two Maintenance	Cost of Year Three Maintenance	Cost of Year Four Maintenance	Total Cost
1					\$ -				\$ -
2					\$ -				\$ -
3					\$ -				\$ -
4					\$ -				\$ -
5					\$ -				\$ -
6					\$ -				\$ -
7					\$ -				\$ -
8					\$ -				\$ -
9					\$ -				\$ -
10					\$ -				\$ -
11					\$ -				\$ -
12					\$ -				\$ -
13					\$ -				\$ -
14					\$ -				\$ -
15					\$ -				\$ -
16					\$ -				\$ -
17					\$ -				\$ -
18					\$ -				\$ -
19					\$ -				\$ -
20					\$ -				\$ -
21					\$ -				\$ -
22					\$ -				\$ -
23					\$ -				\$ -
24					\$ -				\$ -
25					\$ -				\$ -
26					\$ -				\$ -
27					\$ -				\$ -
28					\$ -				\$ -
29					\$ -				\$ -
30					\$ -				\$ -
	(Insert lines as needed. Insure the total cost for all hardware includes all lines)								
	Total Hardware: (Please insure the total on this line includes all items)				\$ -	\$ -	\$ -	\$ -	\$ -

Mainframe DASD Storage Cost Proposal Software

Vendor Name: (Please Put Your Company Name Here)									
Line#	Item Name	Item Description/Specifications	Number of Units	Single Unit Price	Total Item Price Including One Year Maintenance	Cost of Year Two Maintenance	Cost of Year Three Maintenance	Cost of Year Four Maintenance	Total Cost
1					\$ -				\$ -
2					\$ -				\$ -
3					\$ -				\$ -
4					\$ -				\$ -
5					\$ -				\$ -
6					\$ -				\$ -
7					\$ -				\$ -
8					\$ -				\$ -
9					\$ -				\$ -
10					\$ -				\$ -
11					\$ -				\$ -
12					\$ -				\$ -
13					\$ -				\$ -
14					\$ -				\$ -
15					\$ -				\$ -
16					\$ -				\$ -
17					\$ -				\$ -
18					\$ -				\$ -
19					\$ -				\$ -
20					\$ -				\$ -
21					\$ -				\$ -
22					\$ -				\$ -
23					\$ -				\$ -
24					\$ -				\$ -
25					\$ -				\$ -
26					\$ -				\$ -
27					\$ -				\$ -
28					\$ -				\$ -
29					\$ -				\$ -
30					\$ -				\$ -
(Insert lines as needed. Insure the total cost for all software includes all lines)									
Total Software: (Please insure the total on this line includes all items)					\$ -	\$ -	\$ -	\$ -	\$ -

**Mainframe DASD Storage
Cost Proposal
Services**

Vendor Name: (Please Put Your Company Name Here)						
Line#	Item Name	Item Description/Specifications	Unit Type	Number of Units	Single Unit Price	Total Cost
2	Education/Training	Training for Storage Administration Staff staff	per-person			\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
10						\$ -
11						\$ -
12						\$ -
13						\$ -
14						\$ -
15						\$ -
16						\$ -
17						\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22						\$ -
23						\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28						\$ -
29						\$ -
30						\$ -
(Insert lines as needed. Insure the total cost for all services includes all lines)						
Total Services: (Please insure the total on this line includes all items)						
						\$ -

**Mainframe DASD Storage
Cost Proposal
Other Costs**

Vendor Name: (Please Put Your Company Name Here)						
Line#	Item Name	Item Description/Specifications	Unit Type	Number of Units	Single Unit Price	Total Cost
1						\$ -
2						\$ -
3						\$ -
4						\$ -
5						\$ -
6						\$ -
7						\$ -
8						\$ -
9						\$ -
10						\$ -
11						\$ -
12						\$ -
13						\$ -
14						\$ -
15						\$ -
16						\$ -
17						\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22						\$ -
23						\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28						\$ -
29						\$ -
30						\$ -
(Insert lines as needed. Insure the total cost for all other costs includes all lines)						
Total Other Costs: (Please insure the total on this line includes all items)						
						\$ -