

Attachment A

Cost Sheet

Request for Proposal Number 4782Z1

BIDDER NAME: _____

Provide the operational costs as identified below.

All bidders must complete based only on operational costs for each year.

Monthly itemized invoices for payments must be submitted by the contractor to the agency requesting the services with sufficient detail to support payment. No invoice will be approved unless the associated deliverables have been approved.

	Initial Period	Optional Renewal Periods			
	Year 1	Renewal 1	Renewal 2	Renewal 3	Renewal 4
Implementation/Startup costs					
Personnel Services: Salaries, Fringe Benefits					
Operating/Non-Personnel: Travel Expenses, Occupancy, Telephone, Internet Connections, Equipment, Furniture, Supplies, IT Hardware, IT Software, Insurance, Postage/Printing, Subcontracts					
Direct Services: 24/7 Phone line, Case Management, Direct Services to families, After hour response, Reporting					
Grand Total					