

**Best and Final Offer (BAFO)  
Cost Proposal  
Request for Proposal 5407 Z1**

Bidder's Name Best Care Employee Assistance Program

The price quoted on the Cost Proposal form shall remain fixed for the initial contract period. Any request for a price increase shall not exceed five percent (5%) of the previous Contract period and must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the end of the current contract period, and be accompanied by documentation justifying the price increase. Further documentation may be required by the State to justify the increase. The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The unit price must be per month.

**Bidders must submit the BAFO on this Cost Proposal only.**

Cost Proposal (BAFO)	Date of Award through 06/30/2018	Renewal One 07/01/2018 through 06/30/2019	Renewal Two 07/01/2019 through 06/30/2020	Renewal Three 07/01/2020 through 06/30/2021
<b><u>LICENSEE ASSISTANCE PROGRAM SERVICES – PER MONTH</u></b>	\$ 8,568.40	\$ 8,568.42	\$ 8,568.42	\$ 8,568.42