

1. PRICING SUMMARY

For the contract period November 1, 2016 through June 30, 2018

Annual Cost Categories

Personal Services	\$153,335
• LAP Coordinator/Project Director Salary, Payroll, Taxes and Benefits @ 1.0 FTE	
• Corporate Director (Program and Staff Supervision) Salary, Payroll, Taxes and Benefits @ .1 FTE	
Operating Expenses	\$7,200
• Office Rent	
• Telephone/Internet Service	
• Supplies (letterhead and envelopes)	
• LAP Counselor Hours	
• Professional Development	
• Miscellaneous Operating Expenses	
Travel	\$2,500
• Personal Vehicle Mileage (training & assessments)	
• Lodging and Meals	
Indirect Administration	\$8,333
• Administrative Support	
o Administration/Corporate Management	
o Legal	
o Human Resources	
o Finance	
o Information Technology	
o Reception/Clerical Support	
<u>Total Fixed Price</u> November 1, 2016 through June 30, 2018 Contract	<u>\$171,368</u>

Monthly payment invoice of \$8,568.40 will be mailed to the designated Department of Health and Human Services, Division of Public Health, Licensure Unit representative by the 15th of each month of this contract period following the month of service.

1. PRICING SUMMARY

For each additional one year contract period, July 1, 2018 through June 30, 2021

Annual Cost Categories

Personal Services	\$92,000
• LAP Coordinator/Project Director Salary, Payroll Taxes and Benefits @ 1.0 FTE	
• Corporate Director (program and staff Supervision) Salary, Payroll Taxes and Benefits @ .1 FTE	
Operating Expenses	\$4,321
• Office Rent	
• Telephone/Internet Service	
• Supplies (brochures, folders, letterhead, envelopes)	
• LAP Counselor Hours	
• Professional Development	
• Miscellaneous Operating Expenses	
Travel	\$1,500
• Personal Vehicle Mileage (training & assessments)	
• Lodging and Meals	
Indirect Administration	\$5,000
• Administrative Support	
o Administration/Corporate Management	
o Legal	
o Human Resources	
o Finance	
o Information Technology	
o Reception/Clerical Support	
<u>Total Fixed Price</u> for each one year period	<u>\$102,821</u>

Monthly payment invoice of \$8,568.42 will be mailed to the designated Department of Health and Human Services, Division of Public Health, Licensure Unit representative by the 15th of each month of this contract period following the month of service.

**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.

Cost Proposal	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
LICENSEE ASSISTANCE PROGRAM SERVICES – <u>PER MONTH</u>	\$8,568.40	\$8,568.42	\$8,568.42	\$8,568.42