5915 Z1

Cost Proposal

NG 9-1-1 Consultant

Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter annual cost in the space provided below per the requirements of the RFP.

Required

Annual rate for services provided pursuant to the contract terms and conditions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Initial Award**  **– Year 1** | **Initial Award**  **– Year 2** | **Initial Award**  **– Year 3** | **Optional Renewal 1 – Year 4** | **Optional Renewal 2 – Year 5** |
| **NG911 and E911 Consulting Services** | $ | $ | $ | $ | $ |

**Labor Rates**

Please list all Job Titles that could potentially be used on this contract where the State of Nebraska could be charged an Hourly Rate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description by Job Title** | **Initial Contract Period Year One**  **Rate Per Hour** | **Initial Contract Period Year Two**  **Rate Per Hour** | **Initial Contract Period Year Three**  **Rate Per Hour** | **Optional Renewal One**  **Year Four**  **Rate Per Hour** | **Optional Renewal Two**  **Year Five**  **Rate Per Hour** |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |