**ATTACHMENT THREE COST PROPOSAL**

RFP 6097 Z1

Automated Pharmacy Dispensing Machines

Bidder to complete the following cost proposal, including all costs associated with each section.

**Table 1**: bidder should list all Automated Pharmacy Dispensing Machines needed for this RFP.

**Tables 2 – 4**: bidder should list the Automated Pharmacy Dispensing Machine Model numbers, Quantity needed at that location, and the monthly leasing fee being proposed for each Automated Pharmacy Dispensing Machine.

**Table 5**: bidder should list all training and any additional fees.

**Table 6**: bidder should list all optional features that would be needed per section V.G of the RFP.

**Table 7**: bidder should list Job Titles and Hourly Rates for optional services that would be needed per section V.G of the RFP.

**Tables 8 – 12**: bidder should provide costs for optional renewal periods.

Bidder may add additional lines to any table as needed.

DHHS may implement awarded Contractor’s solution in separate phases by facility, with LRC being implemented first.

FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Table 1**: ADM Machines and all associated costs to meet the requirements of the RFP.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Machine Type – indicate names below | Initial Contract Period Year One | Initial Contract Period Year Two | Initial Contract Period Year Three | Initial Contract Period Year Four | Initial Contract Period Year Five |
| **1. Model:** |
| **One-time Costs** |  |  |  |  |  |
|  Delivery |  |  |  |  |  |
|  Implementation |  |  |  |  |  |
| **Monthly Costs** |  |  |  |  |  |
|  Interfaces  |  |  |  |  |  |
|  Lease Payment (Which includes Maintenance and  Support) |  |  |  |  |  |
|  Other  (Please specify) |  |  |  |  |  |
| **Total Annual Cost** |  |  |  |  |  |

|  |
| --- |
| **2. Model:** |
| **One-time Costs** |  |  |  |  |  |
|  Delivery |  |  |  |  |  |
|  Implementation |  |  |  |  |  |
| **Monthly Costs** |  |  |  |  |  |
|  Interfaces  |  |  |  |  |  |
|  Lease Payment (Which includes Maintenance and  Support) |  |  |  |  |  |
|  Other  (Please specify) |  |  |  |  |  |
| **Total Annual Cost** |  |  |  |  |  |
| **3. Model:** |
| **One-time Costs** |  |  |  |  |  |
|  Delivery |  |  |  |  |  |
|  Implementation |  |  |  |  |  |
| **Monthly Costs** |  |  |  |  |  |
|  Interfaces  |  |  |  |  |  |
|  Lease Payment (Which includes Maintenance and  Support) |  |  |  |  |  |
|  Other  (Please specify) |  |  |  |  |  |
| **Total Annual Cost** |  |  |  |  |  |
| **4. Model:** |
| **One-time Costs** |  |  |  |  |  |
|  Delivery |  |  |  |  |  |
|  Implementation |  |  |  |  |  |
| **Monthly Costs** |  |  |  |  |  |
|  Interfaces  |  |  |  |  |  |
|  Lease Payment (Which includes Maintenance and  Support) |  |  |  |  |  |
|  Other  (Please specify) |  |  |  |  |  |
| **Total Annual Cost** |  |  |  |  |  |

|  |
| --- |
| **5. Model:** |
| **One-time Costs** |  |  |  |  |  |
|  Delivery |  |  |  |  |  |
|  Implementation |  |  |  |  |  |
| **Monthly Costs** |  |  |  |  |  |
|  Interfaces  |  |  |  |  |  |
|  Lease Payment (Which includes Maintenance and  Support) |  |  |  |  |  |
|  Other  (Please specify) |  |  |  |  |  |
| **Total Annual Cost** |  |  |  |  |  |
| **6. Model:** |
| **One-time Costs** |  |  |  |  |  |
|  Delivery |  |  |  |  |  |
|  Implementation |  |  |  |  |  |
| **Monthly Costs** |  |  |  |  |  |
|  Interfaces  |  |  |  |  |  |
|  Lease Payment (Which includes Maintenance and  Support) |  |  |  |  |  |
|  Other  (Please specify) |  |  |  |  |  |
| **Total Annual Cost** |  |  |  |  |  |

FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Table 2**: Lincoln Regional Center – main campus annual costs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qty | Machine Type | Initial Contract Period Year OneExtended Cost | Initial Contract Period Year TwoExtended Cost | Initial Contract Period Year ThreeExtended Cost | Initial Contract Period Year FourExtended Cost | Initial Contract Period Year FiveExtended Cost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Table 3**: Lincoln Regional Center – Whitehall campus annual costs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qty | Machine Type | Initial Contract Period Year OneExtended Cost | Initial Contract Period Year TwoExtended Cost | Initial Contract Period Year ThreeExtended Cost | Initial Contract Period Year FourExtended Cost | Initial Contract Period Year FiveExtended Cost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Table 4**: Norfolk Regional Center annual costs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qty | Machine Type | Initial Contract Period Year OneExtended Cost | Initial Contract Period Year TwoExtended Cost | Initial Contract Period Year ThreeExtended Cost | Initial Contract Period Year FourExtended Cost | Initial Contract Period Year FiveExtended Cost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Table 5:** Additional Department-wide annual costs:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | First Optional Renewal Period Year One | First Optional Renewal Period Year Two | Second Optional Renewal Period Year One | Second Optional Renewal Period Year Two | Third Optional Renewal Period Year One | Third Optional Renewal Period Year Two |
| On-site training for Trainer the Trainers. All-inclusive cost; includes travel expenses. |  |
| Rate per person per day  |  |  |  |  |  |  |
| Number of Days to complete the Train the Trainer course |  |  |  |  |  |  |
| Other (Please specify below) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**OPTIONAL SERVICES:**

**Table 6:** Please list all optional features and the fixed cost for each feature

|  |  |
| --- | --- |
| **Feature** | **Total Cost** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

**Table 7:** Please list all Job Titles that pertain to this contract where DHHS would be charged an Hourly Rate for optional services within scope.

|  |  |
| --- | --- |
| **Description By Job Title** |  **Rate Per Hour** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPTIONAL RENEWAL PERIODS**

**Table 9:** Lincoln Regional Center – Main Campus Annual Costs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Qty | Machine Type | First Optional Renewal Period Year One | First Optional Renewal Period Year Two | Second Optional Renewal Period Year One | Second Optional Renewal Period Year Two | Third Optional Renewal Period Year One | Third Optional Renewal Period Year Two |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Table 10:** Lincoln Regional Center – Whitehall Campus annual costs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Qty | Machine Type | First Optional Renewal Period Year One | First Optional Renewal Period Year Two | Second Optional Renewal Period Year One | Second Optional Renewal Period Year Two | Third Optional Renewal Period Year One | Third Optional Renewal Period Year Two |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Table 11:** Norfolk Regional Center annual costs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Qty | Machine Type | First Optional Renewal Period Year One | First Optional Renewal Period Year Two | Second Optional Renewal Period Year One | Second Optional Renewal Period Year Two | Third Optional Renewal Period Year One | Third Optional Renewal Period Year Two |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Table 12:** Additional Department-wide annual costs:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | First Optional Renewal Period Year One | First Optional Renewal Period Year Two | Second Optional Renewal Period Year One | Second Optional Renewal Period Year Two | Third Optional Renewal Period Year One | Third Optional Renewal Period Year Two |
| On-site training for Trainer the Trainers. All-inclusive cost; includes travel expenses. |  |
| Rate per person per day  |  |  |  |  |  |  |
| Number of Days to complete the Train the Trainer course |  |  |  |  |  |  |
| Other (Please specify below) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_