**Attachment 2**

**109420 O3 Cost Proposal**

**Company Name: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pricing should be provided for the below, that will be billed to the Credential Holder. The State of Nebraska will not reimburse for nonpayment. Please refer to section V.D.6. Fee Collection of the RFP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Estimated Quantity Per Year** | **Unit of Measure** | **Price to Credential Holder** |
| 1 | Test code PA59-9 Panel/Ecstasy/ Fentanyl/Meprobamate, including specimen collection and testing fee | 500 | Each |  |
| 2 | Ethyl Glucuronide/Ethyl Sulfate (EtG/EtS) testing, including specimen collection and testing fee | 900 | Each |  |
| 3 | Administrative Fee. (Per Credential Holder, per year for auditing program, establishing initial collection site set-up, and all administrative functions of the program, such as telephone calls and preparation of reports. The administration fee shall be assessed to a credential holder only one time during the term of the Contract.) | 150 | Each |  |
| 4 | Retest/Confirmation test Fee | 10 | Each |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Estimated Quantity per Year** | **Unit of Measure** | **Price to DHHS** |
| 1 | Medical Review Officer, in-person testimony in Lincoln, NE, at a hearing. | 3 | Each Occurrence |  |