

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	