# Cost Proposal

Enhanced services for Children and Youth with Special Health Care Needs (CYSHCN)

Request for Proposal Number XXXX

Bidder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidder must bid the Unit of Measure (UOM) pricing. Do not provide the extended cost. The State will calculate the extended cost by multiplying the quantity by the price bid for each line item.

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| --- | --- | --- | --- |
| **Description** | **Quantity** | **UOM** | **Initial Contract Term Cost**  **Date of Award – June 30, 2022** |
| Detailed Work Plan | 1 | EA |  |
| Quarterly Reports (Quantity Estimated) | 4 | QT |  |
| Website | 1 | YR\* |  |
| Training Plan and Materials | 1 | YR\* |  |

\*For the initial contract term, the quantity for Year (YR) is from Date of Award through June 30, 2022. For all renewal periods, Year (YR) is July 1 through June 30.

RENEWAL PRICING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Quantity** | **UOM** | **FIRST OPTIONAL Renewal Cost** | **SECOND OPTIONAL Renewal Cost** | **THIRD OPTIONAL Renewal Cost** |
| Detailed Work Plan | 1 | EA |  |  |  |
| Quarterly Reports | 4 | QT |  |  |  |
| Website | 1 | YR |  |  |  |
| Training Plan and Materials | 4 | YR |  |  |  |
| Long Term Plan | 1 | EA |  |  |  |