

**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.

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			