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

**Important Instructions:** Bidders are to complete all fields highlighted in yellow.

Do not alter existing format or content within the Cost Proposal. However, if Bidder identifies that other items are essential in **Part I** and/or **Part II** to create full functionality, and meet the requirements as outlined in the RFP document and any related attachments, then additional lines may be inserted as needed. Such additional lines must be included in **Parts I** **and Parts II** pricing and be reflected in the “Total Overall Cost”. Any inclusion of additional lines must still conform within the stated percentage outlined in **Part I** and follow the same format as presented.

**Total Overall Cost:** Indicate your Firm-Fixed-Price for the EMS Patient Care Reporting System $\_\_\_\_\_\_\_\_\_\_\_\_\_. (*This amount shall reflect all costs associated with providing the Bidder’s entire proposed solution including any related fees such as, but not limited to, subscriptions, licensing, etc.*). The “Total Overall Cost” shall equal the sumof the “Total Cost” for both **Part I** and **Part II.** Do not include any costs for **Part III,** as these are optional services that will not be factored into the cost evaluation.

**Part I** – Milestone requirements as outlined in Section (V) of the Request for Proposal (RFP) document.

Bidder to provide pricing for each of the milestones listed. The total of all milestones constitutes the “Total Cost” for **Part I**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description – Milestones** | **% Of Total Cost** | **Unit of Measure**  **(UOM)** | **Cost**  **(Unit price)** |
| **Milestone 1:** Design Milestone, includes creation, review, and acceptance of each of the following items. The total cost for this milestone shall be **40%** of the total for Part I. | **Milestone 1:**  Items a) through h) shall equal **40%** of the total cost for Part I | Each | $ |
| 1. Project Kickoff Meeting & Presentation |  |
| 1. Detailed Project Plan |
| 1. Configure Environment |
| 1. Assist DHHS with Configuration of System |
| 1. Perform Environment and System Testing |
| 1. Develop a Testing Frequency Plan |
| 1. Coordinate and Facilitate On-Site Administrator Training and Train-the-Trainer Training |
| 1. Provide Online Reference Training Materials and Administrator and User Manuals |
| **Milestone 2:** Data Migration Milestone - The total cost for this milestone shall be **30%** of the total for Part I. | **Milestone 2:**  Items a) through d) shall equal **30%** of the total cost for Part I | Each | $ |
| 1. Data Conversion Plan |  |
| 1. Conversion and Mapping Guide |
| 1. Conversion Results Report |
| 1. DHHS Acceptance of Data Migration Results |
| **Milestone 3:** Implementation Milestone - The total cost for this milestone shall be **20%** of the total for Part I. | **Milestone 3:**  Items a) through c) shall equal **20%** of the total cost for Part I | Each | $ |
| 1. Perform and complete all aspects of implementation |  |
| 1. Fully functional customer support |
| 1. Transition to Account Management |
| **Milestone 4:** Go-Live Milestone - The total cost for this milestone shall be **10%** of the total for Part I. | **Milestone 4:**  Items a) through c) shall equal **10%** of the total cost for Part I | Each | $ |
| 1. Post-Go-Live Training |  |
| 1. All necessary reports as outlined in Section (V) of the RFP |
| **Part I - Total Cost** | **100%** |  | **$** |

**Part II** – Support, Maintenance and Operations Phases

Bidder shall provide the annual cost for each of the items contained in the table below. Such costs shall reflect all associated fees for the proposed resolution. Bidders are to include a detailed breakdown, on a separate sheet, of what comprises the annual cost for Support, Maintenance, Operations, and any additional fees. The detailed breakdown needs to match each respective year for annual costs.

Any inclusion of additional lines must still conform with **Part II** and follow the same format as presented.

|  |  |  |
| --- | --- | --- |
| **Description** | **Period** | **Annual Cost** |
| Support, Maintenance, Operations, and any additional costs or fees (including but not limited to subscriptions) | Year One (1) | $ |
| Support, Maintenance, and Op Support, Maintenance, Operations, and any additional costs or fees (including but not limited to subscriptions) | Year Two (2) | $ |
| Support, Maintenance, and Operations Support, Maintenance, Operations, and any additional costs or fees (including but not limited to subscriptions) | Year Three (3) | $ |
| Support, Maintenance, and Operations Support, Maintenance, Operations, and any additional costs or fees (including but not limited to subscriptions) | Year Four (4) | $ |
| Support, Maintenance, and Operations Support, Maintenance, Operations, and any additional costs or fees (including but not limited to subscriptions) | Year Five (5) | $ |
| **Part II** - **Total Cost** (Initial period Years One (1) through Five (5)) |  | $ |

(Note: These items would be paid on a quarterly basis)

**Part III** – Optional Services

(Do **not** include these amounts in the Total Overall Cost)

Renewals

|  |  |  |
| --- | --- | --- |
| **Description** | **Period** | **Annual Cost** |
| Support, Maintenance, and Operations Support, Maintenance, Operations, and any additional costs or fees (including but not limited to subscriptions) - ***1st Optional Renewal*** | Year Six (6) | $ |
| Additional Functionality – Community Paramedicine – ***1st Optional Renewal*** | Year Six (6) | $ |
| Additional Functionality – Critical Care – ***1st* *Optional Renewal*** | Year Six (6) | $ |
| Support, Maintenance, and Operations Support, Maintenance, Operations, and any additional costs or fees (including but not limited to subscriptions) – ***2nd*** ***Optional Renewal*** | Year Seven (7) | $ |
| Additional Functionality – Community Paramedicine – **2nd *Optional Renewal*** | Year Seven (7) | $ |
| Additional Functionality – Critical Care – **2nd*****Optional Renewal*** | Year Seven (7) | $ |

Custom Programming and Additional Features

Work may be needed that was not originally delineated in this RFP but considered within the scope of work (i.e., Custom Programming). This additional work may stem from legislative mandates, emerging technologies, secondary research and/or data integration solutions not otherwise addressed in this RFP or known at the time this RFP was issued. If additional work is needed, the Contractor must submit a detailed Scope of Work and detailed pricing to include items such as, but not limited to, Title/Role(s), number of hours, unit of measure, and due dates/deliverables for DHHS review and approval. The Bidder shall provide hourly pricing for any current and future custom programming needs to meet specific requirements for EMS PCR as requested and mutually agreed upon by both parties.

Hourly Rates for Miscellaneous Support/Maintenance (beyond RFP/Contract requirements)

The Bidder should provide the Title/Role with each respective hourly rate to perform additional services\*.

|  |  |
| --- | --- |
| **Title / Role such as, but no limited to:** | **Hourly Rate** |
| Software Engineer | $ |
| Developer | $ |
| IT Business Analyst | $ |
| Project Manager | $ |
|  |  |
|  |  |

*\*Bidder may add additional lines as needed.*

**Part III** - Optional Services Continued

Future Option for Utilization of Existing System Capabilities (Per Section (V)(F) of the Request for Proposal)

**Access to Community Paramedicine and Critical Care Paramedic patient care reporting**

Indicate Total **Annual** Cost for each of the following features. The Total Cost for each component shall include all associated costs to achieve full functionality.

|  |  |  |
| --- | --- | --- |
| **Description** | **Period** | **Annual Cost** |
| Additional Functionality – Community Paramedicine | Year One (1) | $ |
| Additional Functionality – Critical Care | Year One (1) | $ |
| Additional Functionality – Community Paramedicine | Year Two (2) | $ |
| Additional Functionality – Critical Care | Year Two (2) | $ |
| Additional Functionality – Community Paramedicine | Year Three (3) | $ |
| Additional Functionality – Critical Care | Year Three (3) | $ |
| Additional Functionality – Community Paramedicine | Year Four (4) | $ |
| Additional Functionality – Critical Care | Year Four (4) | $ |
| Additional Functionality – Community Paramedicine | Year Five (5) | $ |
| Additional Functionality – Critical Care | Year Five (5) | $ |
| Additional Functionality – Community Paramedicine ***– 1st Optional Renewal*** | Year Six (6) | $ |
| Additional Functionality – Critical Care ***– 1st Optional Renewal*** | Year Six (6) | $ |
| Additional Functionality – Community Paramedicine ***– 2nd Optional Renewal*** | Year Seven (7) | $ |
| Additional Functionality – Critical Care ***– 2nd Optional Renewal*** | Year Seven (7) | $ |

*NOTE: DHHS reserves the right to purchase one or any combination of the above-mentioned capabilities. If such capabilities are not available, Bidder to denote accordingly.*