Cost Sheet
RFP 125583 O3
Licensee Assistance Program

Bidder Name: Best Care Employee Assistance Program

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

Do not alter existing format or content within the Cost Sheet. However, if Bidder identifies that other items are essential 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. **Important:** In case of a mathematical error in extension of price, unit price shall govern.

Please indicate the **"Total Overall Cost"** for the Licensee Assistance Program $ 502,032.00 . This amount shall equal the sum of Year 1 through 4 Cost per year**. The basis for award of points is the "Total Overall Cost".**

Project section requirements as outlined in Section (V) of the Request for Proposal (RFP) document and any related attachments.

Term	Description	Per month	X 12 months per year	**Cost per year**
Initial Year 1	**Project section requirements and deliverables as outlined in Section (V)**	$10.00,000	X 12	$120,000.00
Initial Year 2	**Project section requirements and deliverables as outlined in Section (V)**	$10,300.00	X 12	$123,600.00
Initial Year 3	**Project section requirements and deliverables as outlined in Section (V)**	$10,609.00	X 12	$127,308.00
Initial Year 4	**Project section requirements and deliverables as outlined in Section (V)**	$10,927.00	X 12	$131,124.00
			Total Overall Cost (Years 1-4)	$ 502,032.00