

Cost Proposal

RFP 126010 O3

Nebraska Child Support Enforcement Customer Service Call Center Services

State of Nebraska, Department of Health and Human Services

Bidder Name: _____

Bidders must complete this form and submit with their Request for Proposal response. Bidder shall bid the cost for each year of the initial term, and all renewal options.

Do not alter existing format or content within the Cost Sheet. **Important:** In case of a mathematical error in extension of price, unit price shall govern.

The Pricing evaluation and points will be based on the Total cost of the initial term of four (4) years and the optional renewal for an additional four years.

Part I – Initial Term Four (4) Years

Project section requirements as outlined in Section V. Project Description and Scope of Work of the RFP document and any related attachments. Bidder must provide pricing per month and calculate extended cost.

Description	Initial Term - Year 1		
Performance of all project requirements services outlined in Section V.	Quantity (Months)	Monthly Cost	Extended Total (12 x monthly cost)
	12	\$ _____	\$ _____
	Initial Term - Year 2		
	Quantity (Months)	Monthly Cost	Extended Total (12 x monthly cost)
	12	\$ _____	\$ _____
	Initial Term - Year 3		
	Quantity (Months)	Monthly Cost	Extended Total (12 x monthly cost)
	12	\$ _____	\$ _____
	Initial Term - Year 4		
	Quantity (Months)	Monthly Cost	Extended Total (12 x monthly cost)
	12	\$ _____	\$ _____
	TOTAL COST YEAR 1 THROUGH 4		\$ _____

(The Reminder of this page is intentionally blank)

Part II - Optional Renewal for an additional four additional years.

Description	Initial Term - Year 5		
Performance of all project requirements services outlined in Section V.	Quantity (Months)	Monthly Cost	Extended Total (12 x monthly cost)
	12	\$ _____	\$ _____
	Initial Term - Year 6		
	Quantity (Months)	Monthly Cost	Extended Total (12 x monthly cost)
	12	\$ _____	\$ _____
	Initial Term - Year 7		
	Quantity (Months)	Monthly Cost	Extended Total (12 x monthly cost)
	12	\$ _____	\$ _____
	Initial Term - Year 8		
	Quantity (Months)	Monthly Cost	Extended Total (12 x monthly cost)
	12	\$ _____	\$ _____
TOTAL COST YEAR 5 THROUGH 8			\$ _____