# **Cost Proposal**

Request for Proposal Number 5943 Z1

**Trauma System Medical Director and Designation Reviews**

The bidder will provide a flat yearly fee for services provided. Fees will be paid quarterly. Quarterly fees are inclusive of all travel expenses.

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| --- | --- | --- | --- | --- | --- | --- |
| **Trauma System Medical Director** | | | | | | |
| **Not to exceed $8,000 per year** | | | | | | |
| **Paid in quarterly installments** | | | | | | |
| Initial Award | | | Optional Renewal 1 | | Optional Renewal 2 | |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 |
| $ | $ | $ | $ | $ | $ | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trauma System Designation Reviews** | | | | | | |
| **Not to exceed $10,075 per year @ $775 per designation review.** | | | | | | |
| **Paid in quarterly installments** | | | | | | |
| Initial Award | | | Optional Renewal 1 | | Optional Renewal 2 | |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 |
| $ | $ | $ | $ | $ | $ | $ |