# **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 |
| $ | $ | $ | $ | $ | $ | $ |

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| **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 |
| $ | $ | $ | $ | $ | $ | $ |