# **Cost Proposal**

Request for Proposal Number 5975 Z1 REBID

**Emergency Medical Services for Children Medical Director**

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

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Emergency Medical Services for Children 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 |
| $ | $ | $ | $ | $ | $ | $ |