## 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: \_\_\_\_\_

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
\$	\$	\$	\$	\$	\$	\$