## **Original**



## Request for Proposal Quality Improvement Data System (QIDS)

RFP 6006 Z1

Submitted to:

Nancy Storant/Dianna Gilliland
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508
as.materielpurchasing@nebraska.gov

**Cost Proposal** 

Submission Date: February 26, 2019

www.TherapServices.net



## Attachment B Cost Proposal Form A

## Quality Improvement Data System (QIDS) Request for Proposal 6006 Z1

Firm Name: Therap Services

DESCRIPTION	COST
mplementation Plan which includes the following: a. Detailed Project Work Plan	\$1.00
b. Testing Methodology	
c. Status Reporting Plan.	
d. Project Status Meetings Protocol	
e. Security Plan	
f. Business Continuity Plan/Disaster Recovery Plan	
Requirements Analysis which includes the following:	\$1.00
a. Requirements Validation Documents	
b. Fit/Gap Analysis	
c. Pilot/Prototype	
Design/Configuration Phase which includes the following:	\$1.00
a. Detailed System Design/Configuration Documentation	
b. Testing Plan	
Development, Interfaces, and Integration which includes the following:	\$1.00
a. Development/Customization	
b. Development Summary Report	
c. Schedule of Interface Development Efforts	
d. Interface Environment Setup	
e. Interface Development and Testing	
Data Conversion which includes the following:	\$1.00
a. Data conversion Plan and Guide	
b. Conversion Results Report	
esting which includes the following:	\$1.00
a. User Acceptance Plan and Testing	
b. User Acceptance Testing Results	



Training which includes:	\$1.00
a. Training Plan	
b. Training Sessions	
c. Video Sessions	
d. Training Manuals	
Implementation which includes the following:	\$1.00
a. Implementation Plan	
b. Final Readiness Assessment	
c. Documentation	
d. Problem Resolution Plan	



FIRM NAME:	Therap Services	
	ATTACHMENT B COST PROPOSAL	
	DED 2002 74	

Form B

Quality Improvement Data System (QIDS)

Bidder to complete the following Cost Proposal.

Please note that the sum of the percentage of payment prior to completion of System Go-Live CANNOT EXCEED 35%. The total cost cannot exceed the total cost on Form A.

DESCRIPTION	Percentage	COST
Implementation Plan	0.002%	\$1
Requirements Analysis	0.002%	\$1
Design/Configuration Phase	0.002%	\$1
Development, Interfaces, and Integration	0.002%	\$1
Data Conversion	0.002%	\$1
Testing	0.002%	\$1
Training	0.002%	\$1
Implementation	0.002%	S1
System Go-Live	99.984%	\$49,992.00
Totals	100%	\$50,000.00

Description	Initial Contract Period Year One	Initial Contract Period Year Two	Initial Contract Period Year Three
Annual Operation and Maintenance Fees	50,000	50,000	50,000

Prices submitted on the Cost Proposal shall remain fixed for the Initial Three (3) year term of the contract

The Contractor is responsible for all travel expenses.



FIRM NAME:	Therap Services	
Optional Renewal Periods		
Any request for a price increase subseque percent (2%) of the previous Contract per contract. Requests for an increase must b days prior to the end of the current contract increase.	iod. Increases will be cumulative a e submitted in writing to the State Pu	cross the remaining periods of the urchasing Bureau a minimum of 120
The State reserves the right to deny any re Agencies prior to written amendment of the	contract by the parties.	reases are to be billed to any State
Description	First Optional Renewal Period Year One	First Optional Renewal Period Year Two
Annual Operation and Maintenance Fees	\$51,000	\$52,000
The Contractor is responsible for all travel e	xpenses.	
Description	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two
Annual Operation and Maintenance Fees	\$53,000	\$54,000
The Contractor is responsible for all travel e	xpenses.	
Description	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two
Annual Operation and Maintenance Fees	\$55,000	\$56,000
The Contractor is responsible for all travel e	xpenses.	
Description	Fourth Optional Renewal Period Year One	Fourth Optional Renewal Period Year Two
Annual Operation and Maintenance Fees	\$57,000	\$58,000
The Contractor is responsible for all travel e FIRM NAME:	xpenses. Therap Services	