

ATTACHMENT THREE COST PROPOSAL
RFP 6097 Z1
Automated Pharmacy Dispensing Machines

Bidder to complete the following cost proposal, including all costs associated with each section.

Table 1: bidder should list all Automated Pharmacy Dispensing Machines needed for this RFP.

Tables 2 – 4: bidder should list the Automated Pharmacy Dispensing Machine Model numbers, Quantity needed at that location, and the monthly leasing fee being proposed for each Automated Pharmacy Dispensing Machine.

Table 5: bidder should list all training and any additional fees.

Table 6: bidder should list all optional features that would be needed per section V.G of the RFP.

Table 7: bidder should list Job Titles and Hourly Rates for optional services that would be needed per section V.G of the RFP.

Tables 8 – 12: bidder should provide costs for optional renewal periods.

Bidder may add additional lines to any table as needed.

DHHS may implement awarded Contractor’s solution in separate phases by facility, with LRC being implemented first.

FIRM NAME: _____

Table 1: ADM Machines and all associated costs to meet the requirements of the RFP.

Machine Type – indicate names below	Initial Contract Period Year One	Initial Contract Period Year Two	Initial Contract Period Year Three	Initial Contract Period Year Four	Initial Contract Period Year Five
1. Model:					
One-time Costs					
Delivery					
Implementation					
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)					
Other (Please specify)					
Total Annual Cost					

2. Model:					
One-time Costs					
Delivery					
Implementation					
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)					
Other (Please specify)					
Total Annual Cost					
3. Model:					
One-time Costs					
Delivery					
Implementation					
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)					
Other (Please specify)					
Total Annual Cost					
4. Model:					
One-time Costs					
Delivery					
Implementation					
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)					
Other (Please specify)					
Total Annual Cost					

5. Model:					
One-time Costs					
Delivery					
Implementation					
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)					
Other (Please specify)					
Total Annual Cost					
6. Model:					
One-time Costs					
Delivery					
Implementation					
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)					
Other (Please specify)					
Total Annual Cost					

FIRM NAME: _____

Table 2: Lincoln Regional Center – main campus annual costs

Qty	Machine Type	Initial Contract Period Year One Extended Cost	Initial Contract Period Year Two Extended Cost	Initial Contract Period Year Three Extended Cost	Initial Contract Period Year Four Extended Cost	Initial Contract Period Year Five Extended Cost

Table 3: Lincoln Regional Center – Whitehall campus annual costs

Qty	Machine Type	Initial Contract Period Year One Extended Cost	Initial Contract Period Year Two Extended Cost	Initial Contract Period Year Three Extended Cost	Initial Contract Period Year Four Extended Cost	Initial Contract Period Year Five Extended Cost

Table 4: Norfolk Regional Center annual costs

Qty	Machine Type	Initial Contract Period Year One Extended Cost	Initial Contract Period Year Two Extended Cost	Initial Contract Period Year Three Extended Cost	Initial Contract Period Year Four Extended Cost	Initial Contract Period Year Five Extended Cost

Table 5: Additional Department-wide annual costs:

	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two
On-site training for Trainer the Trainers. All-inclusive cost; includes travel expenses.						
Rate per person per day						
Number of Days to complete the Train the Trainer course						
Other (Please specify below)						

OPTIONAL SERVICES:

Table 6: Please list all optional features and the fixed cost for each feature

Feature	Total Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Table 7: Please list all Job Titles that pertain to this contract where DHHS would be charged an Hourly Rate for optional services within scope.

Description By Job Title	Rate Per Hour
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

FIRM NAME: _____

OPTIONAL RENEWAL PERIODS

Table 9: Lincoln Regional Center – Main Campus Annual Costs

Qty	Machine Type	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two

Table 10: Lincoln Regional Center – Whitehall Campus annual costs

Qty	Machine Type	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two

Table 11: Norfolk Regional Center annual costs

Qty	Machine Type	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two

Table 12: Additional Department-wide annual costs:

	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two
On-site training for Trainer the Trainers. All-inclusive cost; includes travel expenses.						
Rate per person per day						
Number of Days to complete the Train the Trainer course						
Other (Please specify below)						

FIRM NAME: _____