# **Cost Proposal**

Request for Proposal Number 6134 Z1

Bidder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The bidder shall provide an all-inclusive cost for Financial and Operational Assessments. Cost must include all expenses including travel fees.

Total cost is scored on an estimate of three (3) full assessments per year.

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| --- | --- | --- | --- | --- | --- | --- |
| **Deliverable** | **UOM** | **Initial Award Year 1** | **Optional Renewal One** **Year 2** | **Optional Renewal Two Year 3**  | **Optional Renewal Three Year 4** | **Optional Renewal Four Year 5** |
| Financial and Operational Assessment including all expenses and travel, per hospital | EA | $ | $ | $ | $ | $ |