

# SECTION - COST PROPOSAL

ATTACHMENT D

**Option 4 Northeast Region  
Cost Proposal  
Diabetes Care Management for Minorities  
Request for Proposal Number 6168 Z1**

**Revised Attachment D**

In the table below, the bidder is required to provide a cost per patient per quarter for the region being bid. Rates shall be calculated on a per-patient per quarter basis. Rates provided must be inclusive of all expenses, including but not limited to travel, personnel, outreach, and administrative costs including all equipment and supplies to complete the RFP requirements. Projects are required to ensure efforts are made to serve minorities in each of the identified counties, whether or not clinical services exist within those counties. Consider this when coming up with a per-patient per-quarter cost. Refer to Revised Attachment A in the RFP for Regions and counties required to be targeted.

<b>Deliverables</b>	<b>Initial Contract Period Date of Award - June 30, 2021</b>
<b>Northeast Region Per-Patient Per-Quarter</b>	<b>\$ 250.00</b>
<b>Optional Renewal Periods</b>	
<b>Deliverables</b>	<b>Optional Renewal 1 Period July 1, 2021 – June 30, 2022</b>
<b>Northeast Region Per-Patient Per-Quarter</b>	<b>\$ 250.00</b>
<b>Deliverables</b>	<b>Optional Renewal 2 Period July 1, 2022 – June 30, 2023</b>
<b>Northeast Region Per-Patient Per-Quarter</b>	<b>\$ 250.00</b>
<b>Deliverables</b>	<b>Optional Renewal 3 Period July 1, 2023 – June 30, 2024</b>
<b>Northeast Region Per-Patient Per-Quarter</b>	<b>\$ 250.00</b>
<b>Deliverables</b>	<b>Optional Renewal 4 Period July 1, 2024 – June 30, 2025</b>
<b>Northeast Region Per-Patient Per-Quarter</b>	<b>\$ 250.00</b>

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