**Cost Proposal**

**Request for Proposal 6212-Z1**

The bidder shall provide a flat fee for a single STD test in the tables below. Cost per test shall be inclusive of all materials and expenses. Total cost is scored on the estimates provided in section V.B of the RFP.

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| **DESCRIPTION** | **Unit of Measure** | **Initial Award Year 1** | **Initial Award Year 2** | **Initial Award Year 3** | **Initial Award Year 4** |
| Syphilis IgG EIA Screen | Each |  |  |  |  |
| RPR Confirmation FTA | Each |  |  |  |  |
| GC Culture | Each |  |  |  |  |
| RPR Titer | Each |  |  |  |  |
| RPR Quantitative | Each |  |  |  |  |
| GC/Chlamydia Amplified - Swab | Each |  |  |  |  |
| GC/Chlamydia Amplified - Urine | Each |  |  |  |  |

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| **DESCRIPTION** | **Unit of Measure** | **Renewal 1 Year 1** | **Renewal 1 Year 2** |
| Syphilis IgG EIA Screen | Each |  |  |
| RPR Confirmation FTA | Each |  |  |
| GC Culture | Each |  |  |
| RPR Titer | Each |  |  |
| RPR Quantitative | Each |  |  |
| GC/Chlamydia Amplified - Swab | Each |  |  |
| GC/Chlamydia Amplified - Urine | Each |  |  |

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| **DESCRIPTION** | **Unit of Measure** | **Renewal 2 Year 1** | **Renewal 2 Year 2** |
| Syphilis IgG EIA Screen | Each |  |  |
| RPR Confirmation FTA | Each |  |  |
| GC Culture | Each |  |  |
| RPR Titer | Each |  |  |
| RPR Quantitative | Each |  |  |
| GC/Chlamydia Amplified - Swab | Each |  |  |
| GC/Chlamydia Amplified - Urine | Each |  |  |

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| **DESCRIPTION** | **Unit of Measure** | **Renewal 3 Year 1** | **Renewal 3 Year 2** |
| Syphilis IgG EIA Screen | Each |  |  |
| RPR Confirmation FTA | Each |  |  |
| GC Culture | Each |  |  |
| RPR Titer | Each |  |  |
| RPR Quantitative | Each |  |  |
| GC/Chlamydia Amplified - Swab | Each |  |  |
| GC/Chlamydia Amplified - Urine | Each |  |  |