**Cost Proposal**

**Request for Proposal Number 6262 Z1**

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

The bidder shall provide a flat fee for the items in Table 1. Fees shall be inclusive of all materials and expenses, including travel and personnel costs. Total cost is calculated on the estimates provided. The estimated number of annual cases shall not be construed as the actual number of cases, but will be used solely for the purposes of calculating cost.

Cost of a Successful SSI Application cannot exceed twenty-five percent (25%) of the cost of an SSI Application Submission.

Table 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item Description** | **Estimated Quantity per Year** | **UOM** | **Initial Award**  **Year 1** | **Initial Award**  **Year 2** | **Initial Award**  **Year 3** | **Optional Renewal One**  **Year 4** | **Optional Renewal Two**  **Year 5** |
| Successful SSA Application | 15 | EA | $ | $ | $ | $ | $ |
| SSI Application Submission | 20 | EA | $ | $ | $ | $ | $ |
| Successful SSI Application | 20 | EA | $ | $ | $ | $ | $ |
| Payee Change | 295 | EA | $ | $ | $ | $ | $ |
| SSA Disability Review | 5 | EA | $ | $ | $ | $ | $ |
| SSA Non-Medical Review | 5 | EA | $ | $ | $ | $ | $ |
| SSI Disability  Review | 5 | EA | $ | $ | $ | $ | $ |
| SSI Non-Medical Review | 5 | EA | $ | $ | $ | $ | $ |