# Cost Proposal

# Option 1: Long Term Care (LTC) Reimbursement

Request for Proposal Number 6325 Z1

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Quantity** | **UOM** | **Initial Contract Term**  **Years 1 - 5** |
| LONG TERM CARE REIMBURSEMENT | | | |
| Rate Reimbursement | 5 | YR |  |
| Field Audit (estimated quantity) | 80 | EA |  |

RENEWAL PRICING

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Quantity** | **UOM** | **FIRST OPTIONAL Renewal**  **YEAR 1** | **FIRST OPTIONAL Renewal**  **Year 2** | **SECOND OPTIONAL Renewal**  **Year 1** | **SECOND OPTIONAL Renewal**  **Year 2** | **THIRD OPTIONAL Renewal**  **Year 1** | **THIRD OPTIONAL Renewal**  **Year 2** |
|  | LONG TERM CARE REIMBURSEMENT | | | | | | | |
| Rate Reimbursement | 1 | YR |  |  |  |  |  |  |
| Field Audit (estimated quantity) | 7 | EA |  |  |  |  |  |  |