

Request for Proposal (RFP) # NMD-26AUG2019 COST PROPOSAL

ARNG Emergency Management Program Coordinator

Cost Proposal

Firm: _____

Enter a yearly amount in the space provided below per the requirements of the RFP. Do not provide a range.

| Initial Award Year One | Optional Renewal One Year Two | Optional Renewal Two Year Three | Optional Renewal Three Year Four | Optional Renewal Four Year Five |
|---------------------------|-------------------------------------|---------------------------------------|--|---------------------------------------|
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