**COST SHEET**

RFP 114897 O3

HOME & COMMUNITY BASED SERVICES CASE MANAGEMENT SYSTEM (HCBS CMS)

Bidder to complete the following cost proposal, including all costs associated with each section.

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | **COST** |  |
| **Project Planning** which includes the following:   1. Draft Project Work Plan 2. Detailed Project Work Plan 3. Contractor resources 4. Determine number & type of staff required | $ | The percentages for these 5 Milestones cannot add up to more than 35% of the Total Cost from the Cost Sheet. |
| **Requirements Analysis** which includes the following:   1. Requirements Validation Documents 2. Fit/Gap Analysis 3. Pilot/Prototype | $ |
| **Testing Methodologies** which include the following:   1. Test methods for developing and maintaining test scenarios, test sets, test cases, and test steps 2. Test methodologies addressing documenting test procedures and test results | $ |
| **Project Control** which includes the following:   1. Risk Management and Resolution Plan 2. Issue Management and Resolution Plan 3. Organizational Change Management Plan 4. Work Management Plan 5. Change Control Documents | $ |
| **Training** which includes:   1. Training Plan 2. Training Sessions 3. Online Training Materials 4. Administrative and User Reference Materials / Manuals | $ |
| **Implementation & Support** which includes the following:   1. System Implementation Plan 2. Problem Resolution Plan 3. Final Readiness Assessment | $ |  |
| **Total Cost** | $ |  |

***Please complete per the sample below.*****Note: The sum of the percentage of milestones prior to completion of implementation cannot exceed a total of 35%**.

**BIDDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COST SHEET**

RFP 114897 O3

HOME & COMMUNITY BASED SERVICES CASE MANAGEMENT SYSTEM (HCBS CMS)

**Note: The sum of the percentage of milestones prior to completion of implementation cannot exceed a total of 35%**.

**SAMPLE COST PROPOSAL WITH PERCENTAGES**

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION**  SAMPLE | **Percentage**  **Of Total Cost** | **COST** |  |
| Project Planning | 5% | $20,000 | The percentages for these 5 Milestones cannot add up to more than 35% of the Total Cost from the Cost Sheet. |
| Requirements Analysis | 3% | $30,000 |
| Testing Methodologies | 10% | $100,000 |
| Project Control | 11% | $110,000 |
| Training | 6% | $50,000 |
| Implementation & Support | 65% | $650,000 |  |
| **Total Cost** | 100% | $1,000,000 |  |

**BIDDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Description | License Type  (e.g., Concurrent, Unlimited, etc.) | Cost Per User | Initial Contract Period Year One | Initial Contract Period Year Two | Initial Contract Period Year Three | Initial Contract Period Year Four | Initial Contract Period Year Five |
| Software License Fee(s) |  |  |  |  |  |  |  |

Please note any Tier pricing available for Software licenses.

Please note all applicable License types that would be used.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | Initial Contract Period Year One | Initial Contract Period Year Two | Initial Contract Period Year Three | Initial Contract Period Year Four | Initial Contract Period Year Five |
| Hosting Fee |  |  |  |  |  |
| Travel Expenses |  |  |  |  |  |
| Operations and Maintenance |  |  |  |  |  |
| Any additional costs not included above and list what those costs are for. |  |  |  |  |  |

**Renewal Costs:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | License Type  (e.g., Concurrent, Unlimited, etc.) | Cost Per User | 1st Optional Renewal Period – (2 Year PoP) | 2nd Optional Renewal Period – (2 Year PoP) |
| Software License Fee(s) |  |  |  |  |
| Hosting Fee | | |  |  |
| Travel Expenses | | |  |  |
| Operations and Maintenance | | |  |  |
| Any additional costs not included above and list what those costs are for. | | |  |  |

**BIDDER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Optional Costs:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | Initial Contract Period Year One | Initial Contract Period Year Two | Initial Contract Period Year Three | Initial Contract Period Year Four | Initial Contract Period Year Five |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Description | 1st Optional Renewal Period (2 Year PoP) | 2nd Optional Renewal Period (2 Year Option PoP) |
|  |  |  |

Please list all Job Titles that pertains to this contract where the State of Nebraska would be charged an Hourly Rate

|  |  |
| --- | --- |
| **Description By Job Title** | **Rate Per Hour** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

Bidder may add additional lines as needed

**BIDDER NAME: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**