**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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RFP 114897 O3

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**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: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**