INSTRUCTIONS:

1. Where indicated in Table 1, Original Contract Years below, the respondent shall propose a fixed unit cost to complete each of the required components as described in Attachment B, Scope of Services, Section II., Manner of Service(s) Provision, Sub-Section B., Services Provided by the Vendor, Items 1. through 6.:
	1. Cost Limit Initial Review;
	2. Final LIP Cost Limit Report; and
	3. Intergovernmental Transfer Review.
2. Where indicated in Table 1, Original Contract Years below, the respondent shall propose a fixed hourly rate for compensation for ad hoc requests as described in Attachment B, Scope of Services, Section III., Method of Payment, Sub-Section B., Invoicing, Table 1, Required Deliverables and Associated Payments, Item 4., Ad-hoc Requests.
3. Where indicated in Table 1, Original Contract Years below, the respondent shall propose a fixed hourly rate for compensation in the event of a cancelled examination as described in Attachment B, Scope of Services, Section III., Method of Payment, Sub-Section A., Payment.
4. The respondent must include the required Exhibit A-5-a, Detailed Budget with this cost proposal, to support and justify its proposed costs.
5. Exhibit A-5, Cost Proposal, shall not include a cost that exceeds the maximum Contract amount listed in Attachment A, Instructions and Special Conditions, Section A.1., Instructions, Sub-Section A., Overview, Item 13., Type and Amount of Contract Contemplated. A response which contains a cost proposal that exceeds the Agency’s maximum contract amount will be rejected.
6. The Agency will not agree to caveats in the proposed prices within Exhibit A-5, Cost Proposal and Exhibit A-5-a, Detailed Budget. Responses which include caveat language for pricing will be viewed as a conditional response and the Agency may reject the response at its sole discretion.

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| TABLE 1 – ORIGINAL CONTRACT YEARS |
| Cost Limit Initial Review |
| Proposed Fixed Cost | $      per examination |
| Final LIP Cost Limit Report  |
| Proposed Fixed Cost | $      per report  |
| Intergovernmental Transfer Review |
| Proposed Fixed Cost | $      per review  |
| Ad Hoc Requests |
| Proposed Fixed Hourly Rate  | $      per hour |
| Hourly Rate for Cancelled Examinations |
| Proposed Fixed Hourly Rate | $      per hour |

If the resulting Contract is renewed, it is the Agency’s policy to reduce the overall payment amount by the Agency to the successful Vendor by at least five percent (5%) during the period of the Contract renewal, unless it would affect the level and quality of services. The Agency will evaluate renewal year proposals as part of the evaluation and scoring process.

1. In the event the resulting Contract is renewed, the costs outlined in Exhibit A-5, Cost Proposal and Exhibit A-5-a, Detailed Budget shall apply for the renewal period(s).
2. Where indicated in Table 2, Renewal Contract Years below, the respondent shall propose a fixed unit cost for contract renewal years to complete each of the required components as described in Attachment B, Scope of Services, Section II., Manner of Service(s) Provision, Sub-Section B., Services Provided by the Vendor, Items 1. through 6.:
	1. Cost Limit Initial Review;
	2. Final LIP Cost Limit Report; and
	3. Intergovernmental Transfer Review.
3. Where indicated in Table 2, Renewal Contract Years below, the respondent shall propose a fixed hourly rate for compensation for contract renewal years ad hoc requests as described in Attachment B, Scope of Services, Section III., Method of Payment, Sub-Section B., Invoicing, Table 1, Required Deliverables and Associated Payments, Item 4., Ad-hoc Requests .
4. Where indicated in Table 2, Renewal Contract Years below, the respondent shall propose a fixed hourly rate for compensation contract renewal years in the event of a cancelled examination as described in Attachment B, Scope of Services, Section III., Method of Payment, Sub-Section A., Payment.

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| TABLE 2 – RENEWAL CONTRACT YEARS |
| Cost Limit Initial Review |
| Proposed Fixed Cost | $      per examination |
| Final LIP Cost Limit Report  |
| Proposed Fixed Cost | $      per report  |
| Intergovernmental Transfer Review |
| Proposed Fixed Cost | $      per review  |
| Ad Hoc Requests |
| Proposed Fixed Hourly Rate | $      per hour |
| Hourly Rate for Cancelled Examinations |
| Proposed Fixed Hourly Rate | $      per hour |
| TOTAL | $      |

**Respondent Name**

**Authorized Official Signature**  **Date**

**Authorized Official Printed Name**

**Authorized Official Title**

**Failure to submit Exhibit A-5, Cost Proposal, signed by an authorized official may result in the rejection of response.**

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