

**ATTACHMENT F**

**COST PROPOSAL FORM  
MEDICAID MANAGED CARE ENROLLMENT CENTER SERVICES**

Vendors are to complete the Cost Proposal Form, sign it, and submit it fully completed as the separate sealed cost proposal. The Cost Proposal Form requires interested vendors to provide one all-inclusive flat monthly rate for those services defined in Section 3.3 Specifications of Deliverables for all SFYs (08, 09, 10, 11, 12 and 13). Vendors are to use their professional comprehension of the effort required to perform those services. The flat rate offered in the vendor's Cost Proposal will be the rate in effect throughout the contract period, including any renewal contracts, as described in Section 1.10, Time Frames, Transition Potential, and Funding Availability, of the RFP.

In calculating their total proposed cost, vendors must consider costs resulting from each deliverable listed in Section 3.3 of the RFP, as well as all program costs, primary and incidental (as indicated in Section 3.2—Scope of Work), necessary to complete all program activities (whether explicitly identified by ODJFS in this RFP or not) for not less than 1,225,000 eligible individuals, and not more than 1,400,000, eligible individuals starting July 1, 2007 and ending June 30, 2013. At the vendor's discretion, additional documentation may also be included with the completed **Attachment F**, as explanatory information, but when making the vendor selections and when executing the contract, ODJFS will consider only the dollar amounts displayed on the Cost Proposal Form.

Vendors are to base their Cost Proposal on providing enrollment services to between 1,225,000 and 1,400,000 eligibles. In the event the number of eligibles rises above 1,400,000 or drops below 1,225,000 eligibles within the life of the contract, ODJFS may enter into negotiations for an increase or decrease in the contractor's compensation. ODJFS would only consider requests for additional compensation which are commensurate with, and appropriate for, the degree of increase in eligibles. Any such compensation increase or decrease would require a formal amendment to the contract, and would be subject to all contractual and funding approvals, including Controlling Board (CB) review. The selected vendor shall receive reimbursement for the provision of managed care enrollment services as defined in Sections 3.6 and 5.2 C., of the RFP.

**Note:** ODJFS reserves the right to require a performance and continuity holdback of 5% (see Sections 3.5, 3.6, and 5.2 C., of the RFP).

The Total Fixed Per-Month Cost for providing all services as described in the RFP, based on a range of 1,225,000 to 1,400,000 program eligibles, is: \$\_\_\_\_\_.

The Total Fixed Per-Month Cost is firm and I, the undersigned, have authority to bind the vendor to the Cost Proposal.

Signed: \_\_\_\_\_ (To be signed by a qualified representative of the vendor who is authorized to address contractual issues.)

Print/type the above vendor representative's name and title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

**(The original Cost Form must be signed in blue ink by the vendor.)**