

**ODJFS RFP # R-89-07-0981**  
**Fiscal Management Services**  
**Vendor Cost proposal Sheet**  
**Attachment F.**

Vendors are to complete this form (or a facsimile) fully and send it to ODJFS according to directions given in Section VI., sub-sections 5.2,C. Vendors must use the estimated annual program participants to submit their cost proposal. Vendors must propose to bid a per monthly fee per participant. The costs that are submitted must be by program and by SFY and must be clearly stated.

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

<b>SFY 09 Contract Programs:</b>	<b>Estimated SFY 09 annual program participants</b>	<b>Multiplied by Vendor's Per-Member Per Month Cost</b>	<b>Vendor's Total Monthly Fee:</b>
<b>HOME Choice Demonstration</b>	<i>690</i>		(A)
<b>SUCCESS Project</b>	(NA)	(NA)	(NA)
<b>ODJFS-Administered Medicaid HCBS Waivers</b>	(NA)	(NA)	(NA)
<b>CHOICES Medicaid HCBS Waiver</b>	(NA)	(NA)	(NA)
<b>ODMRDD-Administered Medicaid HCBS Waivers</b>	(NA)	(NA)	(NA)
<b>SFY 09 Total Cost:</b>	(A)	X 11 months	=

Continues

SFY 10 Contract Programs:	Estimated SFY 10 annual program participants	Multiplied by Vendor's Per-Member Per Month Cost	Vendor's Total Monthly Fee:
<b>HOME Choice Demonstration</b>	1285	_____	(A) _____
<b>SUCCESS Project</b>	87	_____	(B) _____
<b>ODJFS-Administered Medicaid HCBS Waivers</b>	100	_____	(C) _____
<b>CHOICES Medicaid HCBS Waiver</b>	(NA)	(NA)	(NA)
<b>ODMRDD-Administered Medicaid HCBS Waivers</b>	(NA)	(NA)	(NA)
<b>SFY 10 Total Cost:</b>	(A) x 12 months (B) x 12 months (C) x 12 months	= _____	= _____

SFY 11 Contract Programs:	Estimated SFY 11 annual program participants	Multiplied by Vendor's Per-Member Per Month Cost	Vendor's Total Monthly Fee:
HOME Choice Demonstration	1960	_____	(A) _____
SUCCESS Project	87	_____	(B) _____
ODJFS-Administered Medicaid HCBS Waivers	200	_____	(C) _____
CHOICES Medicaid HCBS Waiver	(NA)	(NA)	(NA)
ODMRDD-Administered Medicaid HCBS Waivers	(NA)	(NA)	(NA)
SFY 11 Total Cost:	(A) x 12 months (B) x 12 months (C) x 12 months	= _____	= _____

**Note:** SFY 10-11 costs are required, but contract renewal for SFY 10-11 is contingent upon availability of necessary funding, satisfactory contractor performance in SFY 09, all required funding and contract approvals, and is at the sole discretion of ODJFS. In addition, the Choices and ODMRDD programs may be added to the contract during any state fiscal year.

	SFY 09 Total Cost
	SFY 10-11 Biennium Total Cost
	3-year Grand Total Cost

**NOTE:** All work done under the contract to be awarded as a result of ODJFS RFP # R-89-07-0981 will be paid according to the per-member per-month payment structure. No other compensation for the selected contractor's services will be permitted. *(continues next page)*

**The FMS contractor may submit invoices for monthly payments based on the actual number of program participants assigned to the FMS for services in a given month, multiplied by the specific per-member rate for the program (or programs) in which the participants are enrolled. The projections made in the RFP and in this Cost Proposal Form are estimates only, based on best information available to ODJFS at this writing, and are not to be taken as a guarantee of actual reimbursements that will be realized by the contractor.**

**For purposes of cost proposal consideration and vendor selection, ODJFS will use the grand total per-year costs projected for SFY 2009, 2010, and 2011 collectively in the final phase of the proposal review and scoring process (see Attachment E., Technical Proposal Score Sheet, for details).**

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Signed by Vendor Representative: \_\_\_\_\_

Vendor Representative's printed name: \_\_\_\_\_

Vendor Representative's Title: \_\_\_\_\_