

**ATTACHMENT F
 COST PROPOSAL FORM
 DUR MTA PHARMACISTS RLB
 RLB#: R-89-07-0944**

DUR Director position ONLY

On the Cost Proposal Form (provided as **Attachment F** to this RLB), vendors bidding for the DUR Director position are to propose their firm, fixed, hourly cost. Vendors are to use their business expertise in pricing the work described in this RLB, taking into consideration any intervening steps or activities that must be performed in order to complete the work, and offer their costs accordingly, even if ODJFS does not explicitly identify those intervening costs in this RLB. No separate travel expenses or any other type of expenses will be paid under the contract to result from this RLB. Organizations proposing more than one pharmacist MTA must submit a completed Cost Proposal Form for each in a separate sealed package labeled, **“COST PROPOSAL FORM ENCLOSED FOR DUR PHARMACIST SERVICES PROJECT, RLB#: R-89-07-0944 SUBMITTED BY (VENDOR NAME/ORGANIZATION’S PROPOSED PHARMACIST AND DATE OF SUBMISSION).**

_____ [Vendor’s (Proposed Individual’s) Name] shall provide DUR Director services as specified in the RLB at the specified rate of compensation per hour for the resulting contract term including any renewal period(s) as follows:

| Proposed *Rate Per Hour For: | | | | | | | Total Average **Rate/Hr. |
|---|--|---------------|--|---------------|--|----|---|
| SFY 09 | # of Hrs. Available/Mo. In SFY 09 | SFY 10 | # of Hrs. Available/Mo. In SFY 10 | SFY 11 | # of Hrs. Available/Mo. In SFY 11 | | |
| \$ | | \$ | | \$ | | \$ | |
| | | | | | | | |

*The above rates per hour as quoted above are firm and all-inclusive.

** The Total Average Rate/Hr. = Rates/Hr. for SFYs 09+10+11 divided by 3. The vendor’s Total Average Rate/Hr. will only be used in determining the vendor’s average cost-per-quality point in the selection process as specified in Section IX., C., of the RLB and will not indicate the hourly rate the selected contractor(s) will be compensated.

Signed: _____ (To be signed by the vendor’s representative authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent.)

Print/type the above vendor’s representative name and title: _____

Company/Organization Name: _____

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