

Bid Form Cost Proposal
RFP 22-003a
Vehicle Modification Consultant Services

A firm fee for each task must be provided for each year of the contract. These fees will be all inclusive, incorporating all costs for travel, lodging, review time, reporting, and any other expenses associated with the services. All anticipated cost increases, e.g., salary increases, must be factored into the annual prices.

Task	Estimated Annual Number	Cost for Year 1	Cost for Year 2	Cost for Year 3	Cost for Year 4	Cost for Year 5	Total
Conduct High-Technical Initial Assessment	38						
Cost Per Assessment		\$ -	\$ -	\$ -	\$ -	\$ -	
Total (Per Assessment Fee x Estimated Number)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Conduct Low-Technical Initial Assessment	30						
Cost Per Assessment		\$ -	\$ -	\$ -	\$ -	\$ -	
Total (Per Assessment Fee x Estimated Number)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Conduct High-Technical Final Assessment	25						
Cost Per Assessment		\$ -	\$ -	\$ -	\$ -	\$ -	
Total (Per Assessment Fee x Estimated Number)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Conduct Low-Technical Final Assessment	22						
Cost Per Assessment		\$ -	\$ -	\$ -	\$ -	\$ -	
Total (Per Assessment Fee x Estimated Number)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Serve as Witness in Fair Hearing	3						

Cost Per Hearing		\$ -	\$ -	\$ -	\$ -	\$ -	
Total (Per Hearing Fee x Estimated Number)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Provide Consultation and Research	20						
Cost Per Hour of Consulting/Research		\$ -	\$ -	\$ -	\$ -	\$ -	
Total (Hourly Rate x Estimated Number)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Attend Quarterly Meeting in Albany	4						
Cost Per Meeting		\$ -	\$ -	\$ -	\$ -	\$ -	
Total (Per Meeting Fee x Estimated Number)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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Subcontracting Form

Name of Subcontractor	M/WBE*	Entity Type	Work Description	Year 1 Cost	Multi-Year Cost (including Year 1)
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
Total Multi-Year Subcontracting Costs					\$0
Total Multi-Year Project Budget					\$0
Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**					#DIV/0!

*Indicate whether the subcontractor is a Minority or Women–Owned Business Enterprise. Leave box blank if subcontractor is neither.

**Subcontracting is limited to forty percent (40%) of the total contract budget.

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MWBE Purchases Form

Table 1: Minority Business Enterprise (MBE)

Name of Vendor	Type of Services or Supplies	Year 1 Cost	Multi-Year Cost (including Year 1)
Total MBE Costs			\$0
Total Budget			\$0
Total MBE Costs divided by Total Budget (%)			#DIV/0!

Table 2: Women-Owned Business Enterprise (WBE)

Name of Vendor	Type of Services or Supplies	Year 1 Cost	Multi-Year Cost (including Year 1)
Total WBE Costs			\$0
Total Budget			\$0
Total WBE Costs divided by Total Budget (%)			#DIV/0!