



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

ATTACHMENT 15 **Cost Proposal**

Instructions:

Bidders must submit a completed cost proposal page for each Region bidder is proposing for. An outline of each Region can be found on **Attachment 14**. For example, if a bidder plans on submitting a proposal for Regions 1, 3, and 5, Bidders must complete and submit Attachments 15-1, 15-3, and 15-5.

Bidders must not include any additional qualifiers/proposals/cost evaluations/etc. to their Cost Proposal.

Due to the expanded MATS services being new to DOCCS, actual numbers of patients for each Region are difficult to predict. Provided for each region is a monthly estimated range of expected patients per region. These numbers of patients are estimates only. Actuals may be higher or lower. DOCCS will only pay for actuals.

See **Section 5.4 Payment** and **6.3 Cost Proposal** of RFP #2022-01 for more information.



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ATTACHMENT 15-1 Region 1 Cost Sheet

The bid price for Region 1 is to cover the cost of furnishing all of the said services in the RFP and Scope of Work (**Section 4.0**), including but not limited to travel, materials, equipment, overhead, reports, profit and labor to the satisfaction of the Department of Corrections and Community Supervision and the performance of all work set forth in said specifications. Payment is conditional upon DOCCS acceptance of each billed deliverable, including any reports.

DOCCS estimates that the patient volume should be around **200 for the first month of services and increase up to around 1,600 patients upon full implementation of the MAT program.**

Per Patient Monthly Fee \$ _____

Signatures

By signing this Cost Proposal Form, the bidder agrees that the prices above are binding for 90 days from the proposal due date.

Bidder's Authorized Signature: _____

Date: _____ Print Name and Title: _____



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ATTACHMENT 15-2 Region 2 Cost Sheet

The bid price for Region 2 is to cover the cost of furnishing all of the said services in the RFP and Scope of Work (**Section 4.0**), including but not limited to travel, materials, equipment, overhead, reports, profit and labor to the satisfaction of the Department of Corrections and Community Supervision and the performance of all work set forth in said specifications. Payment is conditional upon DOCCS acceptance of each billed deliverable, including any reports.

DOCCS estimates that the patient volume should be around **163 for the first month of services and increase up to around 1,300 patients upon full implementation of the MAT program.**

Per Patient Monthly Fee \$ _____

Signatures

By signing this Cost Proposal Form, the bidder agrees that the prices above are binding for 90 days from the proposal due date.

Bidder's Authorized Signature: _____

Date: _____ Print Name and Title: _____



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ATTACHMENT 15-3 Region 3 Cost Sheet

The bid price for Region 3 is to cover the cost of furnishing all of the said services in the RFP and Scope of Work (**Section 4.0**), including but not limited to travel, materials, equipment, overhead, reports, profit and labor to the satisfaction of the Department of Corrections and Community Supervision and the performance of all work set forth in said specifications. Payment is conditional upon DOCCS acceptance of each billed deliverable, including any reports.

DOCCS estimates that the patient volume should be around **225 for the first month of services and increase up to around 1,800 patients upon full implementation of the MAT program.**

Per Patient Monthly Fee \$ _____

Signatures

By signing this Cost Proposal Form, the bidder agrees that the prices above are binding for 90 days from the proposal due date.

Bidder's Authorized Signature: _____

Date: _____ Print Name and Title: _____



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ATTACHMENT 15-4 Region 4 Cost Sheet

The bid price for Region 4 is to cover the cost of furnishing all of the said services in the RFP and Scope of Work (Section 4.0), including but not limited to travel, materials, equipment, overhead, reports, profit and labor to the satisfaction of the Department of Corrections and Community Supervision and the performance of all work set forth in said specifications. Payment is conditional upon DOCCS acceptance of each billed deliverable, including any reports. See Section 5.4 Payment and 6.3 Cost Proposal of RFP #2022-01 for more information.

DOCCS estimates that the patient volume should be around **238 for the first month of services and increase up to around 1,900 patients upon full implementation of the MAT program.**

Per Patient Monthly Fee \$ _____

Signatures

By signing this Cost Proposal Form, the bidder agrees that the prices above are binding for 90 days from the proposal due date.

Bidder's Authorized Signature: _____

Date: _____ Print Name and Title: _____



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ATTACHMENT 15-5 Region 5 Cost Sheet

The bid price for Region 5 is to cover the cost of furnishing all of the said services in the RFP and Scope of Work (Section 4.0), including but not limited to travel, materials, equipment, overhead, reports, profit and labor to the satisfaction of the Department of Corrections and Community Supervision and the performance of all work set forth in said specifications. Payment is conditional upon DOCCS acceptance of each billed deliverable, including any reports.

DOCCS estimates that the patient volume should be around **175 for the first month of services and increase up to around 1,400 patients upon full implementation of the MAT program.**

Per Patient Monthly Fee \$ _____

Signatures

By signing this Cost Proposal Form, the bidder agrees that the prices above are binding for 90 days from the proposal due date.

Bidder's Authorized Signature: _____

Date: _____ Print Name and Title: _____