

Attachment 8 - Cost Proposal Form

Bidder must submit a completed Cost Proposal with their bid. Using the table below, indicate the proposed price for goods and services defined in the RFP, including Section 4.0 - Scope of Work, 5.4 – Payment, and 6.4 – Cost Proposal, and 7.0 – Proposal Submission. Provide costs for the initial contract period and for optional extensions in each future contract year. Pricing for the proposed solution must be all-inclusive.

1. Service Fee Schedule Period: The original contract period is estimated to be 7/1/2025 through 6/30/2026, with the option to extend for four (4) additional one (1) year periods under the same terms and conditions and upon agreement of both parties and the Office of the State Comptroller.
2. Costs shall reflect per day, per-unit device leases, and include monitoring.
3. Pricing for the proposed solution should be inclusive of all costs including but not limited to: contractor time and materials, monitoring, equipment, hardware, software and software updates, maintenance, repair, replacement costs, access to mobile applications, training, travel, phone charges associated with smartphones and provision of electronic monitoring on a per releasee basis, overhead and administrative expenses, licenses, insurance, reporting or other requirements, and all other ancillary costs.
4. Monetary amounts shall be U.S. currency (USD) and limited to two (2) places to the right of the decimal point.
5. DOCCS intends to deploy a minimum of 100 smartphone devices and 100 electronic monitoring devices in the pilot year. Actual quantity and use of devices is not guaranteed and may be higher or lower than the amount provided in this RFP. DOCCS will only provide reimbursement for actual use; devices which are not in use (i.e., inventory) are not eligible for reimbursement.
6. Bidders may not include any additional qualifiers/proposals/cost evaluations, etc. with their cost proposal.

COST PER UNIT, PER DAY					
Unit	Year One	Year Two (Optional)	Year Three (Optional)	Year Four (Optional)	Year Five (Optional)
Smartphone	a. \$	\$	\$	\$	\$
Body-Worn GPS	b. \$	\$	\$	\$	\$
Total Cost Per Unit Per Day [a + b]	c. \$	\$	\$	\$	\$
Projected Annual Cost [c * 100 quantity * 365 days]	\$	\$	\$	\$	\$

Company Name: _____

Authorized Signature: _____

Authorized Signer Printed Name: _____

Date: _____