

INSTRUCTIONS

GENERAL INSTRUCTIONS FOR COMPLETING THIS WORKBOOK

The Cost Submittal Worksheet contained in this workbook shall constitute the Cost Submittal for **IFB 6100058565**.

The cost submittal worksheet consists of an Instructions tab, Bidder Info tab and Cost Submittal tab labeled OMHSAS BHSL and OCYF.

1. Complete the **Bidder Info Tab**.
2. Bidder shall complete the Hourly Bill Rates to the Commonwealth Columns in Tabs "**OMHSAS BHSL**" and "**OCYF**". Hourly rate shall be based on per one (1) resource.
3. Total Bid will be automatically calculated on the Bidder Info tab that will be used to determine award.

Hourly quantities are estimated and may increase or decrease depending on the needs of the agency. Note that for Tab OMHSAS and BHL estimated quantities are a combined total of 3,900 (1,950 hours per each) for one year. Initial term of the contract is two (2) years and the totals reflect the two (2) years within this cost submittal.

**APPENDIX A
 COST SUBMITTAL WORKSHEET
 BIDDER INFO
 IFB 6100058565**

| BIDDER NAME | CONTACT PERSON | |
|----------------|----------------|------------|
| | | |
| BIDDER ADDRESS | EMAIL ADDRESS | |
| | | |
| | PHONE NUMBER | FAX NUMBER |
| | | |
| | VENDOR NUMBER | |
| | | |

Total Cost for Initial Term for OMHSAS, BHSL & OCYF: \$

-

IFB 6100058565

Vendor Name _____

| | Hourly Bill Rate To Commonwealth | Estimated Hours Per Position Per Year | Total |
|---|---|--|--------------|
| Licensing Technician Central Region | | 3900 | \$ - |
| Workload Manager Central Region | | 3900 | \$ - |
| Licensing Technician Supervisor Central Region | | 3900 | \$ - |
| | | | |
| Licensing Technician Northeast Region | | 3900 | \$ - |
| Workload Manager Northeast Region | | 3900 | \$ - |
| Licensing Technician Supervisor Northeast Region | | 3900 | \$ - |
| | | | |
| Licensing Technician Northwestern Region | | 3900 | \$ - |
| Workload Manager Northwestern Region | | 3900 | \$ - |
| Licensing Technician Supervisor Northwestern Region | | 3900 | \$ - |
| | | | |
| Licensing Technician Southwestern Region | | 3900 | \$ - |
| Workload Manager Southwestern Region | | 3900 | \$ - |
| Licensing Technician Supervisor Southwestern Region | | 3900 | \$ - |
| | | | |
| Licensing Technician Southeast Region | | 3900 | \$ - |
| Workload Manager Southeast Region | | 3900 | \$ - |
| Licensing Technician Supervisor Southeast Region | | 3900 | \$ - |

Total Cost For OMHSAS BHSL Initial Term \$ -

**APPENDIX A
COST SUBMITTAL WORKSHEET
IFB 6100058565**

Vendor Name _____

| | Hourly Bill Rate To Commonwealth | Estimated Hours Per Position Per Year | Total |
|--|-------------------------------------|--|-------|
| Licensing Technician Central Region | | 1950 | \$ - |
| Workload Manager Central Region | | 1950 | \$ - |
| Licensing Technician Supervisor Central Region | | 1950 | \$ - |
| | | | |
| Licensing Technician Northeast Region | | 1950 | \$ - |
| Workload Manager Northeast Region | | 1950 | \$ - |
| Licensing Technician Supervisor Northeast Region | | 1950 | \$ - |
| | | | |
| Licensing Technician Western Region | | 1950 | \$ - |
| Workload Manager Western Region | | 1950 | \$ - |
| Licensing Technician Supervisor Western Region | | 1950 | \$ - |
| | | | |
| Licensing Technician Southeast Region | | 1950 | \$ - |
| Workload Manager Southeast Region | | 1950 | \$ - |
| Licensing Technician Supervisor Southeast Region | | 1950 | \$ - |

Total Cost For OCYF Initial Term \$ -