

**ODMR-1617-1017 – Ohio Medicaid Consumer Hotline
Attachment B2 Cost Proposal Form**

Vendors are to use this Attachment B2, Cost Proposal Form, sign and submit it fully completed as the separate sealed cost proposal. The Cost Proposal Form requires interested vendors to price those services defined in Specifications of Deliverables, and to offer to ODM its flat, **all-inclusive monthly fee**. The price offered in the vendor's cost proposal will be the price in effect throughout the contract period.

In calculating their total proposed fee, vendors must consider cost resulting from each Deliverable listed in the RFP, as well as all program, preparatory, primary and incidental costs necessary to complete all program activities (whether explicitly identified by ODM in this RFP or not), at no additional cost to ODM. The vendor's offered monthly fee must take into account all costs incurred in the performance of this work.

The selected vendor for this project will be required to manage and operate the Ohio Medicaid Consumer Hotline. Vendor proposals submitted in response to this RFP must reflect the vendor's understanding of, and commitment to, perform this Scope of Work fully.

The vendor must offer one flat, **all-inclusive monthly price** for each **initial** SFY and each **renewal** (i.e., 20, 21, 22, and 23) for the full and satisfactory performance of all applicable deliverables, tasks and functions, primary and incidental (whether explicitly identified by ODJFS in this RFP or not), necessary to complete the work related to the transition as described in the RFP. The vendor's offered monthly fee must take into account all costs incurred in the performance of this work. Vendor's monthly fees are as follows:

MONTHLY FEE TO PERFORM ALL DELIVERABLES FOR INITIAL CONTRACT PERIOD AND EACH RENEWAL YEAR						
	SFY18	SFY19	SFY20	SFY21	SFY22	SFY23
July	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$
October	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$
January	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$
SFY Totals:						

Vendor Name: _____

The price offered below is firm and is effective for the entire contract period, including renewal contracts, established in the RFP:

Total Cost: _____

Vendors are to complete and sign this form and include it as their cost proposal.

Signature of vendor's authorized representative: _____

Printed name, title, and contact information: _____
