



# ATTACHMENT A

## Cost Proposal Form

(4 pages – 1 Copy, Separate & Sealed)

**Attachment A  
COST PROPOSAL FORM  
RFP 17-04**

(consisting of 4 pages)

**INMATE MEDICAL SERVICES AT THE DEKALB COUNTY JAIL  
(MULTI-YEAR CONTRACT)  
DEKALB COUNTY, GEORGIA**

Responder: Please complete the attached pages of the Cost Proposal Form, and return them with this cover page. The cost proposal must be submitted in a separate, sealed envelope with the Responder's name and "Request for Proposals No. 17- 04 To Provide Inmate Medical Services at the DeKalb County Jail (Multi-Year Contract) DeKalb County, Georgia" clearly identified on the outside of the envelope.

By signing this page, Responder acknowledges that he has carefully examined and fully understands the Contract, Scope of Work, and other attached documents, and hereby agrees that if its proposal is accepted, it will contract with DKSO according to the Request for Proposal documents.

**Please provide the following information:**

**Name of Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Authorized Person Submitting Proposal:** \_\_\_\_\_

**Title of Contact Person:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Contact Person**

\_\_\_\_\_  
**Title of Contact Person**

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**INMATE MEDICAL SERVICES AT THE DEKALB COUNTY JAIL  
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DEKALB COUNTY, GEORGIA**

**RESPONDERS:**            Please complete all pages of Cost Proposal Form.

\_\_\_\_\_  
**Name of Responder**

**ANNUAL COMPENSATION**

**A.CONTRACT PERIOD**

**ANNUAL COMPENSATION**

**January 1, 2018, through  
December 31, 2018-----\$\_\_\_\_\_**

**January 1, 2019, through  
December 31, 2019-----\$\_\_\_\_\_**

**January 1, 2020, through  
December 31, 2020-----\$\_\_\_\_\_**

**January 1, 2021, through  
December 31, 2021-----\$\_\_\_\_\_**

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**RESPONDERS: Please complete all pages of Cost Proposal Form.**

**ADJUSTMENTS TO ANNUAL COMPENSATION**

B. <u>CONTRACT PERIOD</u>	ESTIMATED AVERAGE DAILY INMATE POPULATION RANGE	PER DIEM RATE
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<b>January 1, 2018, through December 31, 2018</b>	<b>-----2800-3600 Inmates....</b>	<b>\$ _____</b>
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<b>January 1, 2019, through December 31, 2019</b>	<b>-----2800-3600 Inmates.....</b>	<b>\$ _____</b>
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<b>January 1, 2020, through December 31, 2020</b>	<b>-----2800-3600 Inmates.....</b>	<b>\$ _____</b>
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<b>January 1, 2021, through December 31, 2021</b>	<b>-----2800-3600 Inmates.....</b>	<b>\$ _____</b>
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**INMATE MEDICAL SERVICES AT THE DEKALB COUNTY JAIL  
(MULTI-YEAR CONTRACT)  
DEKALB COUNTY, GEORGIA**

PROPOSERS ARE REQUIRED TO PROVIDE A DETAILED COST BREAKDOWN FOR EACH YEAR OF THE INTENDED CONTRACT. A PROVIDER SHOULD SUBMIT THIS FORM FOR YEARS 2018; 2019; 2020; AND 2021. A COST OR PRICING DATA SHEET SHOULD BE RETURNED FOR EACH YEAR OF THE CONTRACT. (Failure to provide the required data may deem the proposer non-responsive).

The Following cost data is required.

TOTAL LABOR-----\$\_\_\_\_\_

Breakout all categories of labor, such as in-house  
(including a breakout of base salaries, fringe benefits), consultants and subcontractor

Base salaries \$\_\_\_\_\_

Fringe benefits \$\_\_\_\_\_

Consultants \$\_\_\_\_\_

Subcontractors \$\_\_\_\_\_

Other \_\_\_\_\_ \$\_\_\_\_\_

INFECTIOUS DISEASE PROGRAM -----\$\_\_\_\_\_

(Labor Costs Associated with Program)

MATERIAL-----\$\_\_\_\_\_

(Include all categories of Material, such as supplies, equipment, etc.)

Supplies \$\_\_\_\_\_

Equipment \$\_\_\_\_\_

Other: \_\_\_\_\_ \$\_\_\_\_\_

INFECTIOUS DISEASE PROGRAM-----\$\_\_\_\_\_

(Material Costs Associated with Program)

GENERAL & ADMINISTRATIVE -----\$\_\_\_\_\_

TOTAL COST-----\$\_\_\_\_\_

PROFIT-----\$\_\_\_\_\_

TOTAL PRICE-----\$\_\_\_\_\_