

ATTACHMENT F

FINANCIAL PROPOSAL INSTRUCTIONS & FORMS

SMD AND OCCUPATIONAL MEDICAL SERVICES FOR MARYLAND STATE AGENCIES

The unit Prices (per Exam, Session, Test and Hour, as applicable) shall be recorded in dollars and cents on the Financial Proposal Form and are the actual prices the State will pay for services.

The unit Prices per Exam, Session, Test and Hour entered on the Financial Proposal Form are to be fully-loaded prices that include all costs/expenses associated with the provision of services as required by this RFP. The Proposed Prices shall include, but are not limited to: Labor, Profit/Overhead, General Operating and all other expenses except as expressly excluded in the RFP specifications. No other amounts will be paid to the Contractor.

The “Estimated Grand Total of Contract (T)” specified on the Financial Proposal, “Total Price for Required Services (F)” will be used for comparison among Offerors and will be the Financial “Basis of Award”.

The Unit Quantities listed on any particular pricing form are not a guarantee of any minimum or maximum amount of examinations, sessions, tests or hours under this Contract and may change at any time during the term of the Contract.

High Level Usage Pricing

On the Price Form, prices are to be quoted by each Offeror for each of the 5 years of the Contract, for each of the 22 services/procedures to be provided under the Contract to result from this RFP. Then according to the estimated quantities of each service/procedure provided on the Price Form for each year of the Contract, an “Estimated Total Price Per Month” is calculated. This Estimated Total Price per Month is then multiplied by 12 to produce an “Estimated Total Annual Price” for each year of the Contract. Each of the Estimated Total Annual Price for the 5 years of the Contract (prices B, D, F, H & J) is then added to produce the “Estimated Total 5 Year Contract Price” (Price K). This Estimated Total 5 Year Contract Price is then re-titled as the “Estimated Total of Contract at Normal Levels”. The stated purpose of all the above pricing totals is to yield a single 5 year total financial price that is comparable among all Offerors to establish an Offeror’s financial ranking and magnitude of pricing variance. However, for the Offeror awarded the award (the Contractor), the Estimated Total Price per Month shall serve another purpose after billing commences under the Contract. This Estimated Total Price per Month shall constitute the “Normal Level” for billing purposes. For each month of the Contract, the total of the Contractor’s billings for all services, both for State agencies and non-State of Maryland governments and agencies which may use the Contract as per Section 1.33 of the RFP, will be compared to the Estimated Total Price per Month amount. If the aggregate of all services actually provided is equal to or less than the Estimated Total Price per Month, or exceeds the Estimated Total Price per Month by 5% or less, the Contractor shall bill each using agency/non-State of Maryland government at the rate for each service quoted in its financial proposal, unless the Contractor voluntarily decides to bill less than its permitted rates.

However, if in any month of the Contract, the aggregate of all services actually provided to State agencies and non-State of Maryland governments or agencies exceeds the Estimated Total Price Per Month by more than 5%, the Contractor shall reduce the unit price for each service provided during the month by the percentage discount quoted in its Financial Proposal in Section F-Discounts.

As evidence of application of the appropriate discount, the Contractor shall provide to the Contract Manager copies of both the discounted billing amount and what would have been billed if the discount had not been applied. (i.e., the aggregate of all services billed at the unit prices without discounting.)

As per Section F-Discounts, the discount ranges shall be as follows:

At, below, or less than 5% above the Estimated Total Price per Month – No discount required

More than 5% above but less than 10% above the Estimated Total Price per Month : the discount as quoted in section F-Discounts for the 5-10% High Level Usage Billing interval

10% or more above but less than 15% above the Estimated Total Price per Month: the discount as quoted in section F-Discounts for the 10-15% High Level Usage Billing interval

15% or more above but less than 20% above the Estimated Total Price per Month: the discount as quoted in section F-Discounts for the 15-20% High Level Usage Billing interval

20% or more above but less than 25% above the Estimated Total Price per Month: the discount as quoted in section F-Discounted for the 20-25% High Level Usage Billing interval

More than 25% above the Estimated Total Price per Month: the discount as quoted in section F-Discounted for the over 25% High Level Usage Billing interval

Example: the Contractor's Estimated Total Price per Month from its Financial Proposal is \$100,000. For a given month the actual usage by all State agencies and non-State of Maryland governments/ agencies results in an aggregate monthly billing of \$120,000. \$120,000 exceeds the \$100,000 Estimated Total Price per Month by \$20,000 or 20%. The High Level Usage Billing provision is triggered, which means the Contractor must provide the discount quoted for the 15-20% High Level Usage Billing interval to all prices for that month. If the Contractor's quoted discount for the 15-20% High Level Usage Billing interval is 8%, all prices billed to State agencies and non-State of Maryland governments/ agencies must be reduced by at least 8% from the rates quoted for the \$100,000 Estimated Total Price Per Month amount. Applying the 8% discount means the total of all billings for this month to State of Maryland agencies and non-State of Maryland governments/ agencies would be \$110,400, or a \$9,600 (8%) reduction from the \$120,000 aggregate amount before applying the discount.

For purposes of comparing Offeror's financial offers, 60% of the Estimated Total 5 Year Contract Price from the Price Form Total will be added to 40% of the Discounted Total Amount from above to determine an Evaluated 5 Year Contract Price. This Evaluated 5 Year Contract Price will be the price used for each qualified Offeror as its financial offer, and that will be combined with each qualified Offeror's technical ranking to determine the overall most advantageous offer to the State.

ATTACHMENT F: FINANCIAL PROPOSAL FORM (Unit Prices For Contract Year 1)

REQUIRED SERVICE		ESTIMATED # OF UNITS PER MONTH (Exams, Sessions, Tests or Hours)	X	PRICE PER EXAM, SESSION, TEST, or HOUR (As Applicable)	=	ESTIMATED PRICE PER MONTH
3.3.1.1	Routine Pre-Placement Physicals for Employees/Applicants	28 Exams	X	\$ PER EXAM	=	\$
3.3.1.2	Pre-Placement Physicals Based on Ergonomic Job Assessment Profiles for Employees/Applicants	10 Exams	X	\$ PER EXAM	=	\$
3.3.2	Standard Psychological Evaluations of Employees/Applicants	9 Exams	X	\$ PER EXAM	=	\$
3.3.3	Initial Workability Examinations	51 Exams	X	\$ PER EXAM	=	\$
3.3.4	Follow-up Workability Examinations	32 Exams	X	\$ PER EXAM	=	\$
3.3.5	Fitness-for-Duty/Ability-to-Work Examinations	18 Exams	X	\$ PER EXAM	=	\$
3.3.6	Substance Abuse MRO Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.7	Medical Advisor/Consultation Services & Ergonomic Job Assessment Profiles	7 Hours	X	\$ PER HOUR	=	\$
3.3.8	Testimony and Preparation	1 Hour	X	\$ PER HOUR	=	\$
3.3.9	Medical Specialist and Laboratory Services	7 Hours	X	\$ PER HOUR	=	\$
3.3.10	Health Benefits Review Committee Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.13	Critical Incident Response/Debriefing for Employees & Others	1 Hour	X	\$ PER HOUR	=	\$
3.3.14	Medical Surveillance Examinations	85 Exams	X	\$ PER EXAM	=	\$
3.3.15.2	Bloodborne Pathogen - Education Services	3 Training Sessions	X	\$ PER SESSION	=	\$
3.3.15.4	Bloodborne Pathogen - Testing and Counseling	1 Counseling Session	X	\$ PER SESSION	=	\$
3.3.16	US DOT-Regulated Physical Examinations	232 Exams	X	\$ PER EXAM	=	\$
3.3.17	US DOT-Regulated Drug Testing	286 Tests	X	\$ PER TEST	=	\$
3.3.18	US DOT-Regulated Alcohol Testing	155 Tests	X	\$ PER TEST	=	\$
3.3.20.1	MDOT Physicals - FAA 2 nd Class Airmen Certification Physicals	1 Exam	X	\$ PER EXAM	=	\$
3.3.20.2	MDOT Physicals - ADapt Eligibility Physical/Functional Assessments	200 Exams	X	\$ PER EXAM	=	\$
3.3.20.3.2	MDOT Physicals - ADapt Eligibility Cognitive/Functional Assessments	100 Exams	X	\$ PER EXAM	=	\$
3.3.21	ADapt Assessments for MDOT Specific Job Classifications/Positions	3 Exams	X	\$ PER EXAM	=	\$
3.3.22.1	MDOT Substance Abuse Testing - Drug Screening	56 Tests	X	\$ PER TEST	=	\$
3.3.22.2	MDOT Substance Abuse Testing - Alcohol Testing	10 Tests	X	\$ PER TEST	=	\$
ESTIMATED TOTAL PRICE-PER MONTH (A)						\$

ESTIMATED YEAR 1 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 1

(FROM LINE "A" ABOVE) x 12 Months = \$ _____ (B)

ATTACHMENT F: FINANCIAL PROPOSAL FORM (Unit Prices For Contract Year 2)

REQUIRED SERVICE		ESTIMATED # OF UNITS PER MONTH (Exams, Sessions, Tests or Hours)	X	PRICE PER EXAM, SESSION, TEST, or HOUR (As Applicable)	=	ESTIMATED PRICE PER MONTH
3.3.1.1	Routine Pre-Placement Physicals for Employees/Applicants	28 Exams	X	\$ PER EXAM	=	\$
3.3.1.2	Pre-Placement Physicals Based on Ergonomic Job Assessment Profiles for Employees/Applicants	10 Exams	X	\$ PER EXAM	=	\$
3.3.2	Standard Psychological Evaluations of Employees/Applicants	9 Exams	X	\$ PER EXAM	=	\$
3.3.3	Initial Workability Examinations	51 Exams	X	\$ PER EXAM	=	\$
3.3.4	Follow-up Workability Examinations	32 Exams	X	\$ PER EXAM	=	\$
3.3.5	Fitness-for-Duty/Ability-to-Work Examinations	18 Exams	X	\$ PER EXAM	=	\$
3.3.6	Substance Abuse MRO Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.7	Medical Advisor/Consultation Services & Ergonomic Job Assessment Profiles	7 Hours	X	\$ PER HOUR	=	\$
3.3.8	Testimony and Preparation	1 Hour	X	\$ PER HOUR	=	\$
3.3.9	Medical Specialist and Laboratory Services	7 Hours	X	\$ PER HOUR	=	\$
3.3.10	Health Benefits Review Committee Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.13	Critical Incident Response/Debriefing for Employees & Others	1 Hour	X	\$ PER HOUR	=	\$
3.3.14	Medical Surveillance Examinations	85 Exams	X	\$ PER EXAM	=	\$
3.3.15.2	Bloodborne Pathogen - Education Services	3 Training Sessions	X	\$ PER SESSION	=	\$
3.3.15.4	Bloodborne Pathogen - Testing and Counseling	1 Counseling Session	X	\$ PER SESSION	=	\$
3.3.16	US DOT-Regulated Physical Examinations	232 Exams	X	\$ PER EXAM	=	\$
3.3.17	US DOT-Regulated Drug Testing	286 Tests	X	\$ PER TEST	=	\$
3.3.18	US DOT-Regulated Alcohol Testing	155 Tests	X	\$ PER TEST	=	\$
3.3.20.1	MDOT Physicals - FAA 2 nd Class Airmen Certification Physicals	1 Exam	X	\$ PER EXAM	=	\$
3.3.20.2	MDOT Physicals - ADAPT Eligibility Physical/Functional Assessments	200 Exams	X	\$ PER EXAM	=	\$
3.3.20.3.2	MDOT Physicals - ADAPT Eligibility Cognitive/Functional Assessments	100 Exams	X	\$ PER EXAM	=	\$
3.3.21	ADAPT Assessments for MDOT Specific Job Classifications/Positions	3 Exams	X	\$ PER EXAM	=	\$
3.3.22.1	MDOT Substance Abuse Testing - Drug Screening	56 Tests	X	\$ PER TEST	=	\$
3.3.22.2	MDOT Substance Abuse Testing - Alcohol Testing	10 Tests	X	\$ PER TEST	=	\$
ESTIMATED TOTAL PRICE-PER MONTH (C)						\$

ESTIMATED YEAR 2 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 2

(FROM LINE “C” ABOVE) x 12 Months = \$ _____ **(D)**

ATTACHMENT F: FINANCIAL PROPOSAL FORM (Unit Prices For Contract Year 3)

REQUIRED SERVICE	ESTIMATED # OF UNITS PER MONTH (Exams, Sessions, Tests or Hours)	X	PRICE PER EXAM, SESSION, TEST, or HOUR (As Applicable)	=	ESTIMATED PRICE PER MONTH
3.3.1.1 Routine Pre-Placement Physicals for Employees/Applicants	28 Exams	X	\$ PER EXAM	=	\$
3.3.1.2 Pre-Placement Physicals Based on Ergonomic Job Assessment Profiles for Employees/Applicants	10 Exams	X	\$ PER EXAM	=	\$
3.3.2 Standard Psychological Evaluations of Employees/Applicants	9 Exams	X	\$ PER EXAM	=	\$
3.3.3 Initial Workability Examinations	51 Exams	X	\$ PER EXAM	=	\$
3.3.4 Follow-up Workability Examinations	32 Exams	X	\$ PER EXAM	=	\$
3.3.5 Fitness-for-Duty/Ability-to-Work Examinations	18 Exams	X	\$ PER EXAM	=	\$
3.3.6 Substance Abuse MRO Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.7 Medical Advisor/Consultation Services & Ergonomic Job Assessment Profiles	7 Hours	X	\$ PER HOUR	=	\$
3.3.8 Testimony and Preparation	1 Hour	X	\$ PER HOUR	=	\$
3.3.9 Medical Specialist and Laboratory Services	7 Hours	X	\$ PER HOUR	=	\$
3.3.10 Health Benefits Review Committee Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.13 Critical Incident Response/Debriefing for Employees & Others	1 Hour	X	\$ PER HOUR	=	\$
3.3.14 Medical Surveillance Examinations	85 Exams	X	\$ PER EXAM	=	\$
3.3.15.2 Bloodborne Pathogen – Education Services	3 Training Sessions	X	\$ PER SESSION	=	\$
3.3.15.4 Bloodborne Pathogen - Testing and Counseling	1 Counseling Session	X	\$ PER SESSION	=	\$
3.3.16 US DOT-Regulated Physical Examinations	232 Exams	X	\$ PER EXAM	=	\$
3.3.17 US DOT-Regulated Drug Testing	286 Tests	X	\$ PER TEST	=	\$
3.3.18 US DOT-Regulated Alcohol Testing	155 Tests	X	\$ PER TEST	=	\$
3.3.20.1 MDOT Physicals - FAA 2 nd Class Airmen Certification Physicals	1 Exam	X	\$ PER EXAM	=	\$
3.3.20.2 MDOT Physicals – ADAPT Eligibility Physical/Functional Assessments	200 Exams	X	\$ PER EXAM	=	\$
3.3.20.3.2 MDOT Physicals - ADAPT Eligibility Cognitive/Functional Assessments	100 Exams	X	\$ PER EXAM	=	\$
3.3.21 ADAPT Assessments for MDOT Specific Job Classifications/Positions	3 Exams	X	\$ PER EXAM	=	\$
3.3.22.1 MDOT Substance Abuse Testing - Drug Screening	56 Tests	X	\$ PER TEST	=	\$
3.3.22.2 MDOT Substance Abuse Testing - Alcohol Testing	10 Tests	X	\$ PER TEST	=	\$
ESTIMATED TOTAL PRICE-PER MONTH (E)					\$

ESTIMATED YEAR 3 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 3
 (FROM LINE “E” ABOVE) x 12 Months = \$ _____ **(F)**

ATTACHMENT F: FINANCIAL PROPOSAL FORM (Unit Prices For Contract Year 4)

REQUIRED SERVICE		ESTIMATED # OF UNITS PER MONTH (Exams, Sessions, Tests or Hours)	X	PRICE PER EXAM, SESSION, TEST, or HOUR (As Applicable)	=	ESTIMATED PRICE PER MONTH
3.3.1.1	Routine Pre-Placement Physicals for Employees/Applicants	28 Exams	X	\$ PER EXAM	=	\$
3.3.1.2	Pre-Placement Physicals Based on Ergonomic Job Assessment Profiles for Employees/Applicants	10 Exams	X	\$ PER EXAM	=	\$
3.3.2	Standard Psychological Evaluations of Employees/Applicants	9 Exams	X	\$ PER EXAM	=	\$
3.3.3	Initial Workability Examinations	51 Exams	X	\$ PER EXAM	=	\$
3.3.4	Follow-up Workability Examinations	32 Exams	X	\$ PER EXAM	=	\$
3.3.5	Fitness-for-Duty/Ability-to-Work Examinations	18 Exams	X	\$ PER EXAM	=	\$
3.3.6	Substance Abuse MRO Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.7	Medical Advisor/Consultation Services & Ergonomic Job Assessment Profiles	7 Hours	X	\$ PER HOUR	=	\$
3.3.8	Testimony and Preparation	1 Hour	X	\$ PER HOUR	=	\$
3.3.9	Medical Specialist and Laboratory Services	7 Hours	X	\$ PER HOUR	=	\$
3.3.10	Health Benefits Review Committee Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.13	Critical Incident Response/Debriefing for Employees & Others	1 Hour	X	\$ PER HOUR	=	\$
3.3.14	Medical Surveillance Examinations	85 Exams	X	\$ PER EXAM	=	\$
3.3.15.2	Bloodborne Pathogen – Education Services	3 Training Sessions	X	\$ PER SESSION	=	\$
3.3.15.4	Bloodborne Pathogen - Testing and Counseling	1 Counseling Session	X	\$ PER SESSION	=	\$
3.3.16	US DOT-Regulated Physical Examinations	232 Exams	X	\$ PER EXAM	=	\$
3.3.17	US DOT-Regulated Drug Testing	286 Tests	X	\$ PER TEST	=	\$
3.3.18	US DOT-Regulated Alcohol Testing	155 Tests	X	\$ PER TEST	=	\$
3.3.20.1	MDOT Physicals - FAA 2 nd Class Airmen Certification Physicals	1 Exam	X	\$ PER EXAM	=	\$
3.3.20.2	MDOT Physicals – ADapt Eligibility Physical/Functional Assessments	200 Exams	X	\$ PER EXAM	=	\$
3.3.20.3.2	MDOT Physicals - ADapt Eligibility Cognitive/Functional Assessments	100 Exams	X	\$ PER EXAM	=	\$
3.3.21	ADapt Assessments for MDOT Specific Job Classifications/Positions	3 Exams	X	\$ PER EXAM	=	\$
3.3.22.1	MDOT Substance Abuse Testing - Drug Screening	56 Tests	X	\$ PER TEST	=	\$
3.3.22.2	MDOT Substance Abuse Testing - Alcohol Testing	10 Tests	X	\$ PER TEST	=	\$
ESTIMATED TOTAL PRICE-PER MONTH (G)						\$

ESTIMATED YEAR 4 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 4

(FROM LINE “G” ABOVE) x 12 Months = \$ _____ (H)

ATTACHMENT F: FINANCIAL PROPOSAL FORM (Unit Prices For Contract Year 5)

REQUIRED SERVICE		ESTIMATED # OF UNITS PER MONTH (Exams, Sessions, Tests or Hours)	X	PRICE PER EXAM, SESSION, TEST, or HOUR (As Applicable)	=	ESTIMATED PRICE PER MONTH
3.3.1.1	Routine Pre-Placement Physicals for Employees/Applicants	28 Exams	X	\$ PER EXAM	=	\$
3.3.1.2	Pre-Placement Physicals Based on Ergonomic Job Assessment Profiles for Employees/Applicants	10 Exams	X	\$ PER EXAM	=	\$
3.3.2	Standard Psychological Evaluations of Employees/Applicants	9 Exams	X	\$ PER EXAM	=	\$
3.3.3	Initial Workability Examinations	51 Exams	X	\$ PER EXAM	=	\$
3.3.4	Follow-up Workability Examinations	32 Exams	X	\$ PER EXAM	=	\$
3.3.5	Fitness-for-Duty/Ability-to-Work Examinations	18 Exams	X	\$ PER EXAM	=	\$
3.3.6	Substance Abuse MRO Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.7	Medical Advisor/Consultation Services & Ergonomic Job Assessment Profiles	7 Hours	X	\$ PER HOUR	=	\$
3.3.8	Testimony and Preparation	1 Hour	X	\$ PER HOUR	=	\$
3.3.9	Medical Specialist and Laboratory Services	7 Hours	X	\$ PER HOUR	=	\$
3.3.10	Health Benefits Review Committee Services	5 Hours	X	\$ PER HOUR	=	\$
3.3.13	Critical Incident Response/Debriefing for Employees & Others	1 Hour	X	\$ PER HOUR	=	\$
3.3.14	Medical Surveillance Examinations	85 Exams	X	\$ PER EXAM	=	\$
3.3.15.2	Bloodborne Pathogen – Education Services	3 Training Sessions	X	\$ PER SESSION	=	\$
3.3.15.4	Bloodborne Pathogen - Testing and Counseling	1 Counseling Session	X	\$ PER SESSION	=	\$
3.3.16	US DOT-Regulated Physical Examinations	232 Exams	X	\$ PER EXAM	=	\$
3.3.17	US DOT-Regulated Drug Testing	286 Tests	X	\$ PER TEST	=	\$
3.3.18	US DOT-Regulated Alcohol Testing	155 Tests	X	\$ PER TEST	=	\$
3.3.20.1	MDOT Physicals - FAA 2 nd Class Airmen Certification Physicals	1 Exam	X	\$ PER EXAM	=	\$
3.3.20.2	MDOT Physicals – ADapt Eligibility Physical/Functional Assessments	200 Exams	X	\$ PER EXAM	=	\$
3.3.20.3.2	MDOT Physicals - ADapt Eligibility Cognitive/Functional Assessments	100 Exams	X	\$ PER EXAM	=	\$
3.3.21	ADapt Assessments for MDOT Specific Job Classifications/Positions	3 Exams	X	\$ PER EXAM	=	\$
3.3.22.1	MDOT Substance Abuse Testing - Drug Screening	56 Tests	X	\$ PER TEST	=	\$
3.3.22.2	MDOT Substance Abuse Testing - Alcohol Testing	10 Tests	X	\$ PER TEST	=	\$
ESTIMATED TOTAL PRICE-PER MONTH (I)						\$

ESTIMATED YEAR 5 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 5

(FROM LINE “I” ABOVE) x 12 Months = \$ _____ (J)

Attachment F (continued)

Each of the Estimated Total Annual Price for the 5 years of the Contract (prices B, D, F, H & J) is added to produce the “Estimated Total 5 Year Contract Price” (Price K). This Estimated Total 5 Year Contract Price is then re-titled as the “Estimated Total of Contract at Normal Levels”.

ESTIMATED YEAR 1 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 1
(FROM LINE “A” ABOVE) x 12 Months = \$ _____ (B)

ESTIMATED YEAR 2 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 2
(FROM LINE “C” ABOVE) x 12 Months = \$ _____ (D)

ESTIMATED YEAR 3 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 3
(FROM LINE “E” ABOVE) x 12 Months = \$ _____ (F)

ESTIMATED YEAR 4 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 4
(FROM LINE “G” ABOVE) x 12 Months = \$ _____ (H)

ESTIMATED YEAR 5 TOTAL ANNUAL PRICE = “ESTIMATED TOTAL PRICE PER MONTH” Year 5
(FROM LINE “I” ABOVE) x 12 Months = \$ _____ (J)

ESTIMATED TOTAL 5-YEAR CONTRACT PRICE = “ESTIMATED TOTAL OF CONTRACT AT NORMAL LEVELS” Line (K) =
\$ _____ (Add lines B+D+F+H+J)

SECTION F-DISCOUNTS

Offerors are to record percentage discounts based on high level usage below

High Level Usage Billing Intervals

5-10% interval: _____

More than 5% above but less than 10% above the Estimated Total Price per Month amount

10-15% interval: _____

10% or more above but less than 15% above the Estimated Total Price per Month amount

15-20% interval: _____

15% or more above but less than 20% above the Estimated Total Price per Month amount

20-25% interval: _____

20% or more above but less than 25% above the Estimated Total Price per Month amount

Over 25% interval: _____

More than 25% above the Estimated Total Price per Month amount

For purposes of calculating the value of each Offeror's High Level Usage Discounts, Offerors shall insert their quoted discount into the following table.

5-10% interval: _____ % Discount	X	\$1,000,000 = _____ (L)
10-15% interval: _____ % Discount	X	\$1,000,000 = _____ (M)
15-20% interval: _____ % Discount	X	\$1,000,000 = _____ (N)
20-25% interval: _____ % Discount	X	\$1,000,000 = _____ (O)
Over 25% interval: _____ % Discount	X	\$1,000,000 = _____ (P)

Discounted Total Amount = _____ (Q)
(sum of amounts (L) through (P), above)

Attachment F: Financial Proposal Form Grand Totals

For purposes of comparing Offeror's financial offers, 60% of the Estimated Total 5 Year Contract Price from Price Form F-1 Total will be added to 40% of the Discounted Total Amount from above to determine an Evaluated 5 Year Contract Price. This Evaluated 5 Year Contract Price will be the price used for each qualified Offeror as its financial offer. Each qualified Offeror's financial offer will be combined with its technical ranking to determine the overall most advantageous offer to the State.

ESTIMATED TOTAL

5-YEAR CONTRACT PRICE = "ESTIMATED TOTAL OF CONTRACT AT NORMAL LEVELS" Line (K) = \$ _____ x 60% = _____ (R)

ESTIMATED TOTAL

5-YEAR CONTRACT PRICE = "ESTIMATED TOTAL OF CONTRACT AT HIGH LEVELS" Line (Q) = \$ _____ x 40% = \$ _____ (S)

Total of Normal Levels Total (R) + Total of High Levels (S) =
\$ _____ **Estimated Grand Total of Contract (T)**

BASIS OF AWARD

OPTIONAL 24/7 SERVICE FACILITY WITHIN CONFINES OF BALTIMORE CITY (SECTION 3.3.23). The State makes no guarantee to award this optional service under the RFP.

FIXED MONTHLY FEE \$ _____

Company Name

Printed Name and Title of Person Authorized to Bind Prices

Signature

Date

Federal Tax I.D. Number