**ATTACHMENT F (Revised Addendum #1) - Price Proposal Form**

**Project No. F50B2400063**

**Complete this form per the instructions noted as ‘Price Proposal Instructions’ (See prior page). The Authorized Signature block on this form must be signed and dated by an individual who is authorized to bind the Offeror to all prices contained in this Financial Proposal:**

**Functional Area 1**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Column A  Call Type | Column B  Proposed Price per Billable Session Minute – Year 1 | Column C  Proposed Price per Billable  Session  Minute – Year 2 | Column D  Proposed Price per Billable Session Minute – Year 3 | Column E  Proposed Price per Billable Session Minute – Year 4 | Column F  Proposed Price per Billable Session Minute – Year 5 | Column G  ((Columns B+C+D+E+F) Divided by ‘5’ = Column G))  Average Rate | Column H  Estimated Monthly Session Minutes Volume | Column  I  I = G x H |
| Functional Area 1 – TRS |  |  |  |  |  |  |  |  |
| General Assist |  |  |  |  |  |  | 51,900 |  |
| Voice |  |  |  |  |  |  | 32,400 |  |
| Text-to-Voice TTY-based TRS |  |  |  |  |  |  | 42,600 |  |
| Voice Carry Over (VCO) |  |  |  |  |  |  | 12,900 |  |
| Hearing Carry Over (HCO) |  |  |  |  |  |  | 1,200 |  |
| Speech-to-Speech (STS) Relay |  |  |  |  |  |  | 1,200 |  |
| Spanish Relay Service |  |  |  |  |  |  | 600 |  |
| 2-Line HCO |  |  |  |  |  |  | 1,200 |  |
| 2-Line VCO |  |  |  |  |  |  | 30 |  |
| ASCII |  |  |  |  |  |  | 3,000 |  |
|  |  |  |  |  |  |  |  |  |
| Functional Area 1 – **TOTAL EVALUATED MONTHLY PRICE (Total of all rows in Column I):** | | | | | | | |  |
| **TOTAL EVALUATED CONTRACT PRICE (TOTAL EVALUATED MONTHLY PRICE x 60 MONTHS):** | | | | | | | |  |

**Functional Area 2**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Functional Area 2 – CTS |  |  |  |  |  |  | 16,300 |  |
| **Functional Area 2**  **TOTAL EVALUATED MONTHLY PRICE (Total of all rows in Column I):** | | | | | | | |  |
| **TOTAL EVALUATED CONTRACT PRICE (TOTAL EVALUATED MONTHLY PRICE x 60 MONTHS):** | | | | | | | |  |

Note: For the contract, the unit price noted in each Year for the ‘Billable Session Minute’ (for each Functional Area) will be divided by the number ‘10,’ to establish the 6-second billable session rate that will be utilized by the Contractor during invoicing. Additionally, a sample of the historic average monthly volumes has been provided in Attachment N for reference and consideration in pricing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNATURE TITLE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPED NAME FEDERAL EMPLOYER IDENTIFICATION #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF **OFFEROR** (COMPANY)

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_