

ATTACHMENT A
(Revised April 19, 2019)
COST PROPOSAL FORM
(consisting of 4 pages)

**RFP NO. 19-500511 EMERGENCY AMBULANCE SERVICE PROVIDER
FOR DEKALB COUNTY GEORGIA**

Proposer: 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 Proposer's name and "Request for Proposals No. 19-500511 Emergency Ambulance Service Provider for DeKalb County Georgia" clearly identified on the outside of the envelope.

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

Please provide the following information:

Name of Firm: _____

Address: _____

Contact 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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I. Proposer: The Unit Hourly Cost proposed shall be for the per unit cost for providing Supplemental Service. The Cost proposed shall include the total cost of providing all services included in the RFP response by the Proposer including all costs, direct and indirect, administrative costs, and all things necessary. For the purposes of the proposal, a unit hour is defined as an equipped and staffed ambulance on a response or waiting for a response for one hour.

Unit Hourly Cost shall be based upon the Bidder delivering unit hours that the County orders under the agreement. Costs shall be for services required by this RFP less billing/collections and dispatching. The Bidder shall propose only one Unit Hourly Cost. **Example;** *if bidder has three (3) BLS units operating 24 hours per day at \$10/hr. and three (3) ALS units operating 24 hours per day at \$20/hr. and one (1) 24/hr. field Supervisor at \$15/hr. the total number of system hours would be 168hrs. per 24/hr. shift. If the proposer's indirect and overhead costs are 10% of actual the resulting unit hour cost would be \$115.50 per unit hour.*

Description	Unit Hourly Cost
Year 1 - 911 Ambulance Services	\$ _____
Year 2 – 911 Ambulance Services	\$ _____
Year 3 – 911 Ambulance Services	\$ _____
Year 4 – 911 Ambulance Services	\$ _____
Year 5 – 911 Ambulance Services	\$ _____

II. Proposer: Responder shall provide a listing of all charges that may be invoiced as a result of the provision of services under this agreement. For example, transport fees, fees for monitor usage, oxygen, etc.

[illegible]