

ATTACHMENT E – PRICE PROPOSAL FORM

Print-to-Mail Recovery & Support
Price Proposal for RFP # K22-0002-29

Labor Category	Base Year 1	Option Year 1	Option Year 2	Option Year 3	Option Year 4
Monthly Subscription Fee	\$	\$	\$	\$	\$
	X 12 Months	X 12 Months	X 12 Months	X 12 Months	X 12 Months
Yearly Total for Subscription Fees	\$	\$	\$	\$	\$

Print & Mailing Testing Services	Base Year 1	Option Year 1	Option Year 2	Option Year 3	Option Year 4
Proof of Concept Fee **	\$	\$	\$	\$	\$
Basic Testing Fee	\$	\$	\$	\$	\$
Additional Applications*	\$	\$	\$	\$	\$
Additional Test Time Rate	\$	\$	\$	\$	\$
Additional Names	\$	\$	\$	\$	\$
Sub-Total	\$	\$	\$	\$	\$

Disaster & Recovery Usage Rates and Charges	Base Year 1	Option Year 1	Option Year 2	Option Year 3	Option Year 4
Declaration Fee**	\$	\$	\$	\$	\$
Print (per image) 45,000 (1 day)	\$	\$	\$	\$	\$
Insert fees by Type & Number of pages per envelope 15,000 (1 day)	\$	\$	\$	\$	\$
Sub-Total	\$	\$	\$	\$	\$

Operational Support (Non-Emergency)	Base Year 1	Option Year 1	Option Year 2	Option Year 3	Option Year 4
Print (per image) 45,000 (1 day)	\$	\$	\$	\$	\$
Insert fees by Type & Number of pages per envelope 15,000 (1 day)	\$	\$	\$	\$	\$
Sub-Total	\$	\$	\$	\$	\$

	Base Year 1	Option Year 1	Option Year 2	Option Year 3	Option Year 4
Yearly Total For All Categories	\$	\$	\$	\$	\$

***Total Proposed Price	\$
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*Note: An application is a unique set of forms and componenets that makes up a mailing package and thata requires as equipment modification.

** Note: This fee shall incorporate tracking and reporting requirements.

***Fully loaded fixed price that includes all direct and indirect costs and profit for the Contractor to perform. Indirect costs shall include all costs that would normally be considered general and administrative costs and/or travel costs, or which in any way are allocated by the Contractor against direct labor hours as a means of calculating profit or recouping costs which cannot be directly attributable to the Contract. There is no provision for additional travel reimbursement.

Submitted By:			
Authorized Signature:		Date:	
Printed Name and Title:			
Offeror Name:			
Offeror Address:			
Offeror Address:			

Location(s) from which goods/services will be delivered (City, State):	
FEIN:	

Offeror Contact Information	
Telephone(s):	
Fax:	
E-mail(s):	
E-mail(s):	