

TITLE PAGE

Part II – Cost Proposal	
RFP Title:	Laboratory Drug and Alcohol Testing
RFP:	3072
Vendor Name:	Drug Free Workplaces, Inc.
Address:	27 W. Romana St. Pensacola, FL 32502
Proposal Opening Date:	July 30, 2013
Proposal Opening Time:	2:00 PM

COST PROPOSAL: ATTACHMENT I – COST SCHEDULE

SERVICE	FEE
Five Panel Non-DOT Drug Test with DOT panel And levels (includes Emit, GC/MS, and MRO and collection at LabCorp in or out of state)	\$26
Five Panel DOT(includes Emit, GC/MS, and MRO and collection all Labcorps) – urine test	\$28
9 Panel (includes Emit, GC/MS, and MRO and collection all LabCorps)	\$29
9 Panel plus oxycodone (includes Emit, GC/MS, and MRO and collection all LabCorps)	\$32
DOT/Non-DOT Breath Alcohol Test	\$35
Non-DOT Blood Alcohol Test	\$35
D&L isomer test	\$50
Collections other than LabCorp, including but not limited to on-site, after hours, 3 rd party and out of network	Pass through (actual cost) plus 10 % administration fee
Re-test of original specimen	\$150
Hair testing at LabCorp - Collection-Emit-GC/MS –MRO	\$50
DOT and Non-DOT Employee/Supervisor Training On-Line	\$35
DOT random pool administration (e.g., additions, deletions, pulls and reports, including quarterly and management information systems report	\$100 annually
DOT and Non-DOT Onsite Training – Employee/Supervisor	\$100/hour; not to exceed \$800 per day Plus reasonable expenses and travel
Deposition of Legal Testimony	\$100/hour; not to exceed \$800 per day Plus reasonable expenses and travel
Custody and Control Form	No Charge
Telephone Consultations	No Charge
DOT Substance Abuse Professional Referral	No Charge

**ATTACHMENT J – COST PROPOSAL CERTIFICATION OF COMPLIANCE
WITH TERMS AND CONDITIONS OF RFP**

I have read, understand and agree to comply with *all* the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors *must* provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations. *Note: Only cost exceptions and/or assumptions should be identified on this attachment. Do not restate the technical exceptions and/or assumptions on this attachment.*

Drug Free Workplaces, Inc.

Company Name

Carol J. Law

Signature

Dr. Carol J. Law

7/25/13

Print Name

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab III of vendor’s cost proposal.

This form **MUST NOT** be included in the technical proposal.