Part II – Cost Proposal	
RFP Title:	Integrated Marketing Agency of Record
RFP:	2084
Vendor Name:	EXL Media
Address:	803 Tahoe Blvd. #7; Incline Village, NV 89451
Opening Date:	November 24, 2014
Opening Time:	2:00 PM

6. COST

Vendors must provide an estimated cost for each of the activities/deliverables contained within the proposal. Provide a detailed rate sheet listing each team member's hourly rate. Clearly specify the nature of all expenses anticipated (***refer to Attachment I, Cost Schedule***).

ATTACHMENT I – COST SCHEDULE

Vendor ***EXL Media***

Creative Development ***NOT APPLICABLE***

Program Element	**Team Member**	**Title/Level**	**Hourly Rate**	**Estimated Percentage of Time on Account Per Month**
Strategic Planning				
Research				
Brand Development				
Production TV				
Production Print				
Production Other				
Video/Content Production				
New Media				
Account Administration				

External Communications (PR/PA) ***NOT APPLICABLE***

Program Element	**Team Member**	**Title/Level**	**Hourly Rate**	**Estimated Percentage of Time on Account Per Month**
Strategic Planning				
Communications Action Plan Development				
Consumer Media Relations				
Trade Media Relations				
Public Affairs				
Social Media				
Online Press Room Development				
Industry Education				
Governor's Conference on Tourism Planning				
Account Administration				

Digital Development ***NOT APPLICABLE***

Program Element	**Team Member**	**Title/Level**	**Hourly Rate**	**Estimated Percentage of Time on Account Per Month**
Competitor/Best Practice Review and Recommendation				
TravelNevada.com Enhancements/Development				
Nevada Tourism Ancillary Sites Development				
Back-end Administration Development				
Mobile App Development				
Account Administration				

Customer Relationship Management (CRM/Emarketing) ***NOT APPLICABLE***

Program Element	**Team Member**	**Title/Level**	**Hourly Rate**	**Estimated Percentage of Time on Account Per Month**
Strategic Planning				
Account Administration				
Materials Development (as identified in plan)				
Materials Distribution (as identified in plan)				

Media Buying

Media buying respondents may submit the cost using one of two cost options:

Option 1 - Commission plus fees schedule – ***Submitting on option 2***

Media Type	**Agency Commission (please note if the agency charges a flat commission, if the commission is dependent on the media channel or if the commission is dependent on the spend level)**	**Hourly Rate for Fees (spot duplication, creative production, tracking, etc.)**
Broadcast Spot Television – market level		
Broadcast Spot Television – national level		
Cable Spot Television – market level		
Cable Spot Television – national level		
Digital		
Print		
Radio		
Out of Home		
Events/Sponsorship		

Option 2 – Fees Only – this option assumes Nevada Tourism will pay no commission to the agency, but may pay fees for work done to support the buys

Program Element	**Team Member**	**Title/Level**	**Hourly Rate**	**Estimated Percentage of Time on Account Per Buy**
TV/RADIO/Print/Specialty	***Lisa Baggio and Marlo Patterson***	***Senior Broadcast Buyers***	***$100***	***30%***
Digital	***Susanna Bunker***	***Senior Digital Buyer***	***$100***	***20%***
Digital/Analytics	***Daniel Crippen***	***Digital Buyer***	***$100***	***20%***
Out of Home/Account Lead/Analytics	***Wendy Hummer***	***Owner***	***$125***	***30%***

Is your agency a SAG signatory agency? _____ Yes _____ No (Please initial in appropriate space).

7. FINANCIAL

7.1 PAYMENT

7.1.1 Upon review and acceptance by the State, payments for invoices are normally made within 45 – 60 days of receipt, providing all required information, documents and/or attachments have been received.

EXL Media understands and agrees to section 7.1.1 as outlined in the RFP

7.1.2 Pursuant to NRS 227.185 and NRS 333.450, the State shall pay claims for supplies, materials, equipment and services purchased under the provisions of this RFP electronically, unless determined by the State Controller that the electronic payment would cause the payee to suffer undue hardship or extreme inconvenience.

EXL Media understands and agrees to section 7.1.2 as outlined in the RFP

7.2 BILLING

7.2.1 The State does not issue payment prior to receipt of goods or services, except as outlined in the agreed upon contract(s).

EXL Media understands and agrees to section 7.1.2 as outlined in the RFP

7.2.2 The vendor must bill the State as outlined in the approved contract and/or payment schedule.

EXL Media understands and agrees to section 7.1.2 as outlined in the RFP

7.2.3 Vendors may propose an alternative payment option. Alternative payment options must be listed on ***Attachment J, Cost Proposal Certification of Compliance with Terms and Conditions of the RFP.*** Alternative payment options will be considered if deemed in the best interest of the State, project or service solicited herein.

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.***

EXL Media

Company Name

Signature

Wendy Hummer November 24, 2014

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.