MASTER

Cost Proposal for Nevada State Department of Corrections, Third Party Administrative Services

State of Nevada RFP 3086

Due: December 12, 2013 | 2 PM

Proposer: Ty Windfeldt, Vice President
Hometown Health
830 Harvard Way
Reno, NV 89502

775-982-3105
twindfeldt@hometownhealth.com
December 9, 2013

Hometown Health

Part II-Cost Proposal

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ATTACHMENT I – COST SCHEDULE

Vendor Name *Hometown Health Providers, Inc.*

Fiscal Year	FY15	FY16	FY17	FY18
Per Inmate Per Month (PIPM) Cost	*$2.20*	*$2.27*	*$2.33*	*$2.40*

Vendors MUST use this format for Part II of the Cost Proposal, providing a fixed price per inmate per month by fiscal year for all costs associated with the responsibilities and related services. The number of inmates will be defined as the monthly average in-house population of the NDOC. The fiscal year runs from July 1 to June 30. The new contract will begin July 1, 2014, and will cover fiscal years FY15, FY16, FY17, and FY18. Please provide a fixed price per inmate per month for each applicable fiscal year.

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.***

Hometown Health Providers, Inc.
Company Name

Signature

Ty Windfeldt
Print Name

12-09-2013
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.