Part II – Cost Proposal	
RFP Title:	State Veterinarian For Equine Services
RFP:	3216
Vendor Name:	***Richard W. Scott DVM***
Address:	***8425 Log Cabin Way*** ***Las Vegas, NV 89143***
Opening Date:	February 3, 2016
Opening Time:	2:00 PM

ATTACHMENT H – COST SCHEDULE

RFP 3216 STATE VETERINATIAN FOR EQUINE SERVICES

Vendor: ***Richard W. Scott DVM***

Vendors must provide an outline for all costs associated with the responsibilities and related services. Clearly specify the nature of all expenses anticipated. Include per day/event cost, hourly cost, test barn personal, etc. Address any estimated costs as stated for services described in ***Section 3 Scope of Work***.

Total Per Event $ ***700.00/Race Day***

Plus mileage and per diem at the state rate

Attach additional sheets if necessary.

Assistant State Veterinarian:

Total Per Event $ ***350.00/Race Day***

Plus mileage and per diem at the state rate if necessary

Test Barn Personnel:

Licensed Veterinarian $300.00/Race Day

Or Vet Tech if applicable $200.00/Race Day

Lay Assistant if necessary $150.00/Race Day

Plus mileage and per diem at the state rate if necessary

ATTACHMENT H = COST SCHEDULE

RFP 3216 – STATE VETERINARIAN

Page 2.

Normal business hour (8:00 A.M. to 5:00 P.M. M- F _*$75.00*_____/Hour

After hours (5:01 P.M. to 7:59 A.M. M-F) $_____*$75.00*_____/Hour

Emergency service calls $_____*$75.00*_____/Hour

Hourly rate for non-race days $_____*$75.00*_____ /Hour

Note—any laboratory charges will be reimbursed at actual cost. Proof of cost must be submitted to and approved by the Nevada Gaming Control Board before payment will be made.

Specify Laboratory to be used:

Truesdail Laboratories

In 2015 we had 79 specimens tested at a cost of $67.50/specimen

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Refer to ***Section 3.1.13*** of the RFP document for laboratory staff and testing requirements.

Does this laboratory meet all requirements in ***Section 3.1.13*** of the RFP?

(Initial one) _____ _____

Yes **No**

List any additional lab charges that maybe required.

UPS or Fedex Overnight Shipping Expense of Laboratory specimens to Truesdail

Attach additional sheets if necessary

ATTACHMENT I – 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.***

Richard W. Scott DVM

Company Name

Richard W. Scott DVM

Signature

Richard W. Scott DVM

Print Name

1-24-16

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.