Part II – Cost Proposal Submission	
RFP Title:	Laboratory Alcohol and Drug Testing
RFP:	3268
Vendor Name:	Drug Free Business
Address:	11511 NE 195th B Bothell WA 98011
Opening Date:	August 26, 2016
Opening Time:	2:00 PM

Tab One Title Page

Tab II Cost Proposal

COST SCHEDULE RFP 3268

LABORATORY ALCOHOL AND DRUG TESTING

VENDOR NAME Drug Free Business 11511 NE 195th, Bothell WA 98011 PH: 800-598-3437

Vendors must provide detailed prices for all costs associated with the responsibilities and related services. **Include implementation costs, programmatic costs and any other costs associated with the life of this contract.** All fees are assumed guaranteed unless otherwise noted. **List any other related services that you offer that have not been requested. Provide charges and fees for these services.**

All vendors are required to include costs associated with travel in their proposal, if applicable. Please confirm your organization's understanding of this requirement. Should the vendor anticipate any costs prior to the program's start, all anticipated costs must be clearly identified and outlined in cost proposal.

Be sure to list all charges. We will assume that the fees quoted include all services and supplies that could reasonably be expected to be provided to the State of Nevada during the term of this contract.

SERVICE	FEE	FEE BASIS
Five panel Non-DOT drug test including collection, testing and MRO review if positive (marijuana/THC, cocaine, amphetamines, opiates and phencyclidine) :	$ 44.75	Per test preferred sites At non-preferred sites add $10.00 per test
Five panel DOT drug test per FMCSA regulations:	$44.75	Per test preferred sites At non-preferred sites add $10.00 per test
Additional panel or panels (e.g., oxycodone): up to 10 panel test	$49.50	Per test preferred sites At non-preferred sites add $10.00 per test.
DOT breath alcohol test:	$39.95	Per test, includes conf. Same fee at non-preferred sites
Non-DOT breath alcohol test:	$39.95	Per test, includes conf. Same fee at non-preferred sites

Mobile Testing: (where available) Administration and set up fee Note: minimum of 10 or more tests required for mobile testing services	$125.00	Administration fee in addition to non-preferred test fee
Non-DOT blood alcohol test:	$125.00	Per test, does not include blood draw fee
D&L isomer test:	N/C	Included if needed
Re-test of original specimen:	$150.00	SAMHSA certified lab
Hair testing – **CLIENT ONLY**: (5 panel) *see exception	$95.00	Per test, no MRO review provided*
FMCSA compliant **supervisor** DOT *online* training:	N/C	Included in annual fee
FMCSA compliant **employee** DOT *online* training:	N/C	Included in annual fee
FMCSA compliant **supervisor** DOT *live* training: Includes transportation and lodging overnight, if one or more classes are scheduled at the same location, each concurrent 4 hour class is $950.00.	$2,950.00	Class size 50 people
FMCSA compliant **employee** DOT *live* training: Includes transportation and lodging overnight, if one or more classes are scheduled at the same location, each concurrent 4 hour class is $950.00.	$2,950.00	Class size 50 people
DOT random pool administration (additions, deletions, pulls and reports):	$150.00	Per Year, annual fee
Deposition of legal testimony:	$500.00	Per hour
DOT custody and control forms:	N/C	Included in annual fee
Non- DOT custody and control forms:	N/C	Included in annual fee
Telephone consultations or Webinar consultations:	N/C	Included in annual fee
DOT SAP referral:	N/C	Included in annual fee
DHRM requested reports (other than quarterly reports):	$125.00/report	Cost Savings: Clients can generate their own usage reports from our secure web portal at no additional charge

Tab III

Attachment I Cost Proposal Certification of Compliance with Terms and Conditions of RFP 3268

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

NO X _____ 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 Business 11511 NE 195th Suite B, Bothell WA 98011
Company Name

Signature

Venus Mills, Executive Director
Print Name

08/24/2016
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)
1.	Cost Sheet	N/A	We do not provide MRO review for hair tests, since hair tests have not yet been approved by DOT or DHHS regulations. We review urine specimens only which have tested by a SAMHSA certified lab following DOT guidelines for the testing protocol. We will however, pass on the results to the employer.
2.	3.14	Page 10	We do not bill individuals for drug tests, however we can direct the individual to a collection site which can provide this service and then coordinate the testing and MRO review to the State.

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)
0			
0			