Drug Free Workplaces, Inc.
27 W Romana Street Pensacola, Florida 32502
Phone: (850) 434-3782 Fax: (850) 434-8244

TITLE PAGE

Part II – Cost Proposal	
RFP Title:	Laboratory Alcohol and Drug Testing
RFP:	3268
Vendor Name:	Drug Free Workplaces, Inc.
Address:	27 W. Romana St. Pensacola, FL 32502
Proposal Opening Date:	August 26, 2016
Proposal Opening Time:	2:00 PM

COST SCHEDULE RFP 3268
LABORATORY ALCOHOL AND DRUG TESTING

VENDOR NAME ***Drug Free Workplaces, Inc.***_____

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 (e.g., per test, per individual, annually)
Five panel Non-DOT drug test including collection, testing and MRO review if positive (marijuana/THC, cocaine, amphetamines, opiates and phencyclidine) :	$26	Per Test
Five panel DOT drug test per FMCSA regulations:	$28	Per Test
Additional panel or panels (e.g., oxycodone): Additional panel or panels (e.g., oxycodone)	$29 $32	Per 9 Panel Drug Test Per 9 Panel + Oxycodone Drug Test
DOT breath alcohol test:	$35	Per Test
Non-DOT breath alcohol test:	$35	Per Test
Non-DOT blood alcohol test:	$35	Per Test
D&L isomer test:	$50	Per Test
Re-test of original specimen:	$150	Per Test
Hair testing – **CLIENT ONLY**:	$50	Per Test
FMCSA compliant **supervisor** DOT *online* training:	$35	Per Person for One Training
FMCSA compliant **employee** DOT *online* training:	$35	Per Person for One Training
FMCSA compliant **supervisor** DOT *live* training:	$100/hour; not to exceed $800 per day Plus reasonable expenses and travel	Cost is per Hour; not to exceed $800 per day for trainer's time
FMCSA compliant **employee** DOT *live* training:	$100/hour; not to exceed $800 per day	Cost is per Hour; not to exceed $800 per day for trainer's time

	Plus reasonable expenses and travel	
DOT random pool administration (including additions, deletions, pulls and reports):	$100 annually	Cost includes full administration of the random pool
Deposition of legal testimony:	$100/hour; not to exceed $800 per day Plus reasonable expenses and travel	Cost is for expert witness time and travel
DOT custody and control forms:	$0	No Charge
Non- DOT custody and control forms:	$0	No Charge
Telephone consultations:	$0	No Charge
DOT SAP referral:	$0	No Charge
DHRM requested reports (other than quarterly reports):	$0	No Charge
Travel Expenses – Reimbursed	As requested, travel expenses, including airfare, hotel, rental care, mileage, and per diem will be billed at the State allowance rate.	As Needed Basis
Collections other than LabCorp, including but not limited to on-site, after hours, 3rd party and out of network	Pass through (actual cost) plus 10 % administration fee	Per Test

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.***

Drug Free Workplaces, Inc.
Company Name

Carol J Law PhD
Signature

Carol J. Law
Print Name

8/22/16
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.