**Attachment B**

**Program Performance Monitoring Cost Proposal Bid Detail Sheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** |
| **CONTRACT DELIVERABLES** | **# of Visits Annually** | **Unit Definition** | **Unit Price** | **COST Per One Visit** | **5 Year Cost** |
| **Planning Activities (Year One Only)** |  | Flat Rate Fee | $ |  | $ |
| **Data System Development, Maintenance and Data Analysis** |  | Flat Rate Fee\* | $ |  | $ |
|  | | | | | |
| **Pre-opening on-site visits (SBHC – SBHC-D)** | 22 |  |  | $ | $ |
| **Comprehensive Site Reviews (SBHC, SBHC – D & FP)** |  |  |  |  |  |
| * Pre- Revi**e**w Site Prep | 100 |  |  | $ | $ |
| * Individual On-Site Reviews (100 visits average 3 days each) | 300 |  |  | $ | $ |
| * Post Review Activities | 100 |  |  | $ | $ |
| * Corrective Action Plan Reviews | 100 |  |  | $ | $ |
|  | | | | | |
| **Perinatal Redesignation** |  | | | | |
| * Revise perinatal hospital Standards through literature review and expert work group |  | 1 Revision | $ |  | $ |
| * Develop and Disseminate RPC Survey, review and create report based on findings |  | 1 Survey, 1 Review & 1 Report | $ |  | $ |
| * Develop and Disseminate Level I-III hospital Survey, review and create report based on findings |  | 1 Survey, 1 Review & 1 Report | $ |  | $ |
| * Site Visit RPC’s and Level I-III Perinatal Hospitals   (refer to section C. vi. Workload projections for number of site visits) |  | Individual Site Visit | $ |  | $ |
| * Provide Final Report for Perinatal Redesignation |  | 1 Report | $ |  | $ |
| * Issue letters to all perinatal hospitals with designations; follow up on contingencies and appeals, handle routine communications |  | 1 Letter and 1 cost for all other requirements | $ |  | $ |
|  | | | | | |
| **Conduct 6 Statewide Webinars** (refer to RFP for scope of webinars) |  | Cost per webinar | $ |  | $ |
| **Update SBHC and SBHC – D Principles and Guidelines (Year 2)** |  | 2 Documents one for SBHC and 1 for SBHC-D | $ |  | $ |
| **Program Performance Improvement Measures (Years 3-5)**  Develop performance measures for RPCs and Levels I-III perinatal hospitals, SBHCs and SBHC - D |  | 3 Documents | $ |  | $ |
| **Grand Total** |  |  |  |  | $ |

\*If this RFP results in procurement of software over $20,000, or of other technology over $50,000, or where the Department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD SELECTION, this RFP and all responses thereto are subject to review by the NYS Office for Technology.

Instructions for Price Proposal Bid Sheet:

* Complete the price proposal bid detail sheet to calculate the total price for the five year contract period. The price must be inclusive of all costs to the Department.
* The total number of Visits Annually is for each year of the contract is provided for proposal evaluation purposes only. The total number of completed reviews may vary from these estimates.
* DOH reserves the right to increase and/or decrease the workload amounts. i.e. webinars, document or visits.
* Payment will be based on the actual number of reviews completed under the contract.
* Administrative costs include costs related to administrative staff overseeing monitoring activities, quality assurance staff and costs for travel to Albany for Department. Administrative costs must be built into each price. **There will be no separate reimbursement for administrative costs.** Unit prices provided will be fixed for the entire contract period. Specific projects and volumes may be modified by the Department.
* Complete and sign the Attestation below.

**Attestation:**

I, , for and on behalf of the Bidder organization(s), signify that the following information is true and accurate to the best of my knowledge and that the Bidder organization(s) agrees to abide by the terms of the approved proposal and is fully able and willing to carry out the deliverable contained herein. The prices presented in this proposal shall remain in effect for 365 days from the last day to submit a proposal.

Signature Title Date

Print Name