

OFFICIAL BID PRICE SHEET (RFP)

710-25-002 Pre-Admission Screening

COST PROPOSAL MUST BE SUBMITTED SEALED SEPARATELY FROM THE TECHNICAL PROPOSAL. ANY REFERENCE TO ACTUAL COST(S) INCLUDED WITH THE TECHNICAL PROPOSAL SHALL RESULT IN OFFEROR'S PROPOSAL BEING REJECTED.

The price sheet is to be used as a cost evaluation tool for comparison of bidders' costs. All costs shall be included in the unit price including coordination, research, etc. Costs not included in the unit price below are not billable under a contract established from this solicitation. The quantities stated within are estimated for bidding purposes only. Quantities are estimated for bidding purposes only and may increase or decrease. Consideration will only be given to those that bid all line items.

Instructions: Enter the unit price for each line item. Extended amounts and the annual grand total will autocalculate.

ITEM	DESCRIPTION	MONTHLY ESTIMATED QUANTITY	UNIT PRICE	EXTENDED AMOUNT
1	Pre-Admission Screening/Mental Illness (PAS/MI)	90	\$487.20	\$43,848.00
2	Pre-Admission Screening/Intellectual Disability (PAS/ID)	10	\$541.54	\$5,415.40
3	Pre-Admission Screening/Intellectual Disability and Mental Illness Dual Diagnosis (PAS/DUAL)	15	\$810.73	\$12,160.95
4	Resident Review/Mental Illness (RR/MI)	25	\$444.25	\$11,106.25
5	Resident Review/Intellectual Disability (RR/ID)	5	\$490.57	\$2,452.85
6	Resident Review/Mental Illness and Intellectual Disability (RR/DUAL)	8	\$652.56	\$5,220.48
ANNUAL GRAND TOTAL				\$962,447.16

AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: Arkansas Foundation for Medical Care, Inc. _____

Signature: Marilyn Strickland

Printed Name: Marilyn Strickland

Date: 12-2-24

Title: Chief Operating Officer