



Attachment C: Cost Sheet

(INS11007)

Cost information below as detailed in the Request for Proposal and submitted in a separate sealed envelope. Cost should be clearly marked.

Cost should include an all-inclusive dollar per hour cost inclusive of travel, supplies, reports, etc. for each level of participation. This total amount should mirror the total number of hours proposed to complete the project.

For example:

Partner/Principal	150 hours @ \$ 247 /hour = \$ 37,050
Manager/Supervisor	350 hours @ \$ 198 /hour = \$ 69,300
Support Staff	400 hours @ \$ 0 /hour = \$ 0
Other	100 hours @ \$ 27 /hour = \$ <u>2,700</u>
Total Cost Proposal	\$ 109,050

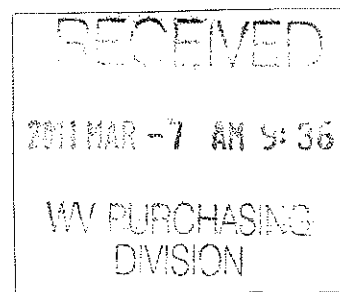
Vendor Name: Managed Care Innovations L.L.C.

Address: 316 West Broad Street
Richmond, Virginia 23220

Contact: Robert T. C. Cone
Principal

Signature:

A handwritten signature in black ink, appearing to read 'Robert T. C. Cone', is written over a horizontal line.



(Revised 3-4-11)