

### Proposal to the State of West Virginia For Electronic Benefits Transfer (EBT) System RFP #HHR17000000001



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### **Cost Proposal**

### Response to Attachment C - Cost Worksheets

#### Exhibit A: Cost Worksheets

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

### Cost Worksheet -Summary of Proposal Response Sheets

#### EBT Services-SNAP and TANF/Cash

Line		Activity	Annual	Total
1	Year 1	EBT Services	\$	3,111,953
2	Year 2	EBT Services	\$	1,695,313
3	Year 3	EBT Services	\$	1,746,161
4	Year 4	EBT Services	\$	1,798,515
5	Year 5	EBT Services	\$	1,852,469
6	1st One Year Renewal	EBT Services	\$	1,877,966
7	2 <sup>nd</sup> One Year Renewal	EBT Services	\$	1,933,032
8	(A) Total for Years 1 thru 5 and Two-One	Year Renewals of EBT Services	\$	14,015,409
9	(B) Total Cost for EBT Conversion		\$	0
10	(C) Total Cost for a Disaster Services		\$	13,500
11	(D) Total for Professional Programming Se	rvices	\$	9,000
12	(E) Total for SNAP Exempt Retailers and 1	ANF State-Deployed EBT Only terminals	\$	27,000
13	Total A, B, C, D & E EBT Services		\$	14,064,909

#### **WIC Services**

	Activity	Annual Total		
14	Year 1	WIC Services	\$	316,026
15	Year 2	WIC Services	\$	316,026
16	Year 3	WIC Services	\$	316,026
17	Year 4	WIC Services	\$	316,026

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18	Year 5	WIC Services	\$ 316,026
19	1st One Year Renewal	WIC Services	\$ 316,026
20	2 <sup>nd</sup> One Year Renewal	WIC Services	\$ 316,026
21	(F) Total for Years 1 through 5 and Tw	vo-One Year Renewals of WIC Services	\$ 2,212,182

22	Year 1	State-Deployed WIC Only Terminals	\$ 22,800
23	Year 2	State-Deployed WIC Only Terminals	\$ 22,800
24	Year 3	State-Deployed WIC Only Terminals	\$ 22,800
25	Year 4	State-Deployed WIC Only Terminals	\$ 22,800
26	Year 5	State-Deployed WIC Only Terminals	\$ 22,800
27	1st One Year Renewal	State-Deployed WIC Only Terminals	\$ 22,800
28	2 <sup>nd</sup> One Year Renewal	State-Deployed WIC Only Terminals	\$ 22,800
29	(G) Total for Years 1 thru 5 and Two-One Ye	ear Renewals of State-Deployed	\$ 159,600
30	(H) Total WIC Conversion Costs		\$ 0
31	(I) Total WIC Professional Services Costs		\$ 3,000
32	Total F, G, H, I WIC Services		\$ 2,384,782

#### **Child Care Services**

33	Year 3	Child Care Services CPCM	\$ 299,520
34	Year 4	Child Care Services CPCM	\$ 300,960
35	Year 5	Child Care Services CPCM	\$ 302,400
36	1st One Year Renewal	Child Care Services CPCM	\$ 308,635
37	2 <sup>nd</sup> Qne Year Renewal	Child Care Services CPCM	\$ 317,894



8	(J) Total for Years 3 through 5 and 1 Services	Two -One Year Renewals of Child Care	\$	1,529,410
39	Year 3	POS Equipment – Child Care	\$	82,080
40	Year 4	POS Equipment - Child Care	\$	82,560
41	Year 5	POS Equipment – Child Care	\$	83,040
42	1st One Year Renewal	POS Equipment - Child Care	\$	83,520
43	2 <sup>nd</sup> One Year Renewal	POS Equipment – Child Care	\$	84,000
44	(K) Total for Years 3 thru 5 and Two Child Care Services	-One Year Renewals of POS Equipment for	\$	415,200
45	(L) Total Child Care Conversion Cos	its	\$	325,000
46	(M)Total Child Care Professional Se	rvices	\$	9,000
47	Total J, K, L and M Child Care Service	ces	\$	2,278,610
48	Grand Total EBT, WIC and Child Ca	re (Lines 13, 32, 47)	ŝ	18,728,300

#### Optional EBT Processes Cost-Single Card Solution

49	O) Total Conversion Costs	\$ 225,210
50	Q) Total for Professional Services	\$ 13,000
51	Total O and Q Single Card Solution	\$ 238,210

#### Optional EBT Processes Cost - SNAP and TANF/Cash Card Solution with Photo ID

52	(P) Total Conversion Costs	\$ 150,000
53	Q) Total for Professional Services	\$ 13,000
54	Total P and Q SNAP & TANF/Cash Card Solution with Photo ID	\$ 163,000

#### Optional EBT Processes Cost-Managing Four or More SNAP Replacement Cards

55	(R) Total for Managing Four or More SNAP Cards	\$	20,000
56	Grand Total for Request for Proposal (Total of Lines 48, 51,54 and 55)	¢ 10	149.510

NOTE; COST WILL EVALUATED BASED ON THE OVERALL LOWEST GRAND TOTAL OF LINE 56 ON PAGE 158 THAT INCLUDES THE TOTAL LINES FOR LINE 48, 51,54 AND 55 OF THIS DETAILED COST SHEET THAT INCLUDES THE BASE SERVICES AND ALL OPTIONAL SERVICES MEETING SPECIFICATIONS.



### **SNAP & TANF/Cash Schedule A**

### Schedule A: Proposal Response Sheet EBT Cost Worksheet - Year 1

Column 1	Column 2	Column 3	Column 4	Column 5
Conversion Cost Year 1		Total Cost Year 1		\$ 1,466,000
Service Cost for Year 1	Average Caseload/Units per Month	СРСМ	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost
Caseload / CPCM				
SNAP Only cases	176,321	\$ .67	\$ 118,135	\$ 1,417,621
TANF / Cash Only cases	1,842	\$ .75	\$ 1,382	\$ 16,578
Combined SNAP / TANF cases	6,055	\$ .88	\$ 5,328	\$ 63,941
All Other Cash except Child Care	12,000	\$ .75	\$ 9,000	\$ 108,000
Transaction Fee	Average Units Per Month	Cost per Transaction	Total Cost per Month	Col 4 x 12 = Total Yearly Cost
Cash Only Withdrawals ATM / POS	8,731	\$ .38	\$ 3,318	\$ 39,813
Denials-ATM	1,887	\$ .00	\$ 0	\$ 0
Denials-POS	2,885	\$ .00	\$ 0	\$ 0
Bal. Inquiry-ATM	3,306	\$ .00	\$ 0	\$ 0
Bal, Inquiry-POS	71	\$ .00	\$ 0	\$ 0
Total EBT Cost-Year 1 (Enter Total on Line 1 of the Summary	of Proposal Response S	Sheet)		\$ 3,111,953



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### Schedule A: Proposal Response Sheet EBT Cost Worksheet – Year 2

Column 1	Column 2	Column 3	Column 4	Column 5	
Service Cost for Year 2	Average Caseload/Units per Month	СРСМ	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost	
Caseload / CPCM					
SNAP Only cases	181,610	\$ .67	\$ 121,679	\$ 1,460,144	
TANF / Cash Only cases	1,897	\$ .75	\$ 1,423	\$ 17,073	
Combined SNAP / TANF cases	6,236	\$ .88	\$ 5,488	\$ 65,852	
All Other Cash except Child Care	12,360	\$ .75	\$ 9,270	\$ 111,240	
Transaction Fee	On Fee Average Units Cost per Total Cost per Per Month Transaction Month		Total Cost per Month	Col 4 x 12 =	
Cash Only Withdrawals ATM / POS	8,992	\$ .38	\$ 3,417	Cost \$ 41,004	
Denials-ATM	1,943	\$ .00	\$ 0	\$ 0	
Denials-POS	2,971	\$ .00	\$ 0	\$ 0	
Bal. Inquiry-ATM	3,405	\$ .00	\$ 0	\$ 0	
Bal. Inquiry-POS	73	\$ .00	\$ 0	\$ 0	
Total EBT Cost-Year 2 Enter Total on Line 2 of the Summary o	f Proposal Response Si	heet)		\$ 1,695,313	

FIS Cost Proposal



## Schedule A: Proposal Response Sheet EBT Cost Worksheet – Year 3

Column 1	Column 2	Column 3	Column 4	Column 5	
Service Cost for Year 3	Average Caseload/Units per Month	СРСМ	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost	
Caseload / CPCM					
SNAP Only cases	187,058	\$ .67	\$ 125,329	\$ 1,503.946	
TANF / Cash Only cases	1,953	\$ .75	<b>\$</b> 1,465	\$ 17,577	
Combined SNAP / TANF cases	6,424	\$ .88	\$ 5,653	\$ 67,837	
All Other Cash except Child Care	12,730	\$ .75	\$ 9,548	\$ 114,570	
Transaction Fee	Average Units Per Month	Cost per Transaction	Total Cost per Month	Col 4 x 12 = Total Yearly	
Cash Only Withdrawals ATM / POS	9,261	\$ .38	\$ 3,519	\$ 42,230	
Denials-ATM	2,001	\$ .00	\$ 0	\$ 0	
Denials-POS	3,060	\$ .00	\$ 0	\$ 0	
Bal. Inquiry-ATM	3,507	\$ .00	\$ 0	\$ 0	
Bal. Inquiry-POS	75	\$ .00	\$ 0	\$ 0	
Total EBT Cost-Year 3 (Enter Total on Line 3 of the Summary	of Proposal Paspages	Sheet\		\$ 1,746,161	



### Schedule A: Proposal Response Sheet EBT Cost Worksheet – Year 4

Column 1	Column 2	Column 3	Column 4	Column 5	
Service Cost for Year 4	Average Caseload/Units per Month	CPCM	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost	
Caseload / CPCM					
SNAP Only cases	192,669	\$ .67	\$ 129,088	\$ 1,549,059	
TANF / Cash Only cases	2,011	\$ .75	\$ 1,508	\$ 18,099	
Combined SNAP / TANF cases	6,616	\$ .88	\$ 5,822	\$ 69,865	
All Other Cash except Child Care	13,111	\$ .75	\$ 9,833	\$ 117,999	
Transaction Fee	Average Units Per Month	Cost per Transaction	Total Cost per Month	Col 4 x 12 =	
				Cost	
Cash Only Withdrawals ATM / POS	9,538	\$ .38	\$ 3,624	\$ 43,493	
Denials-ATM	2,061	\$ .00	\$ 0	\$ 0	
Denials-POS	3,151	\$ .00	\$ 0	\$ 0	
Bal. Inquiry-ATM	3,682	\$ .00 .	\$ 0	\$ 0	
Bal. Inquiry-POS	77	\$ .00	\$ 0	\$ 0	
Total EBT Cost-Year 4 Enter Total on Line 4 of the Summary o	f Pronosal Response S	heat)		\$ 1,798,515	



## Schedule A: Proposal Response Sheet EBT Cost Worksheet – Year 5

Column 1	Column 2	Column 3	Column 4	Column 5		
Service Cost for Year 5	Average Caseload/Units per Month	СРСМ	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost		
Caseload / CPCM						
SNAP Only cases	198,449	\$ .67	\$ 132,961	\$ 1,595,530		
TANF / Cash Only cases	2,071	\$ .75	\$ 1,553	\$ 18,639		
Combined SNAP / TANF cases	6,815	\$ .88	\$ 5,997	\$ 71,966		
All Other Cash except Child Care	13,504	\$ .75	\$ 10,128	\$ 121,536		
Transaction Fee	Average Units Per Month	Cost per Transaction	Total Cost per Month	Col 4 x 12 = Total Yearly Cost		
Cash Only Withdrawals ATM / POS	9,824	\$ .38	\$ 3,733	\$ 44,797		
Denials-ATM	2,122	\$ .00	\$ 0	\$ 0		
Denials-POS	3,245	\$ .00	\$ 0	\$ 0		
Bal. Inquiry-ATM	3,866	\$ .00	\$ 0	\$ 0		
Bal. Inquiry-POS	79	\$ .00	\$ 0	\$ 0		
Total EBT Cost-Year 5 (Enter Total on Line 5 of the Summary	of Proposal Response S	Sheet)		\$ 1,852,469		



## Schedule A: Proposal Response Sheet EBT Cost Worksheet – 1<sup>st</sup> One Year Renewal

Column 1	Column 2	Column 3	Column 4	Column 5	
Service Cost for 1 <sup>st</sup> One Year Renewal	Average Caseload/Units per Month	СРСМ	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost	
Caseload / CPCM					
SNAP Only cases	204,402	\$ .66	\$ 134,905	\$ 1,618,864	
TANF / Cash Only cases	2,133	\$ .73	\$ 1,557	\$ 18,685	
Combined SNAP / TANF cases	7,019	\$ .86	\$ 6,036	\$ 72,436	
All Other Cash except Child Care	13,909	\$ .73	\$ 10,154	\$ 121,843	
Transaction Fee	Average Units Per Month	Cost per Transaction	Total Cost per Month	Col 4 x 12 = Total Yearly	
Cash Only Withdrawals ATM / POS	10,118	\$ .38	\$ 3,845	Cost \$ 46,138	
Denials-ATM	2,185	\$ .00	\$ 0	\$ 0	
Denials-POS	3,342	\$ .00	\$ 0	\$ 0	
Bal. Inquiry-ATM	3,981	\$ .00	\$ 0	\$ 0	
Bal. Inquiry-POS	81	\$ .00	\$ 0	\$ 0	
Total EBT Cost-1st One Ye		heat)		\$ 1,877,966	



# Schedule A: Proposal Response Sheet EBT Cost Worksheet = 2<sup>nd</sup> One Year Renewal

Column 1	Column 2	Column 3	Column 4	Column 5		
Service Cost for 2 <sup>nd</sup> One Year Renewal	Average Caseload/Units per Month	CPCM	Col 2 x 3 = Total Cost per Month	Col 4 x 12 = Total Yearly Cost		
Caseload / CPCM				· ·		
SNAP Only cases	210,534	\$ .66	\$ 138,952	\$ 1,667,429		
TANF / Cash Only cases	2,197	\$ .73	\$ 1,604	\$ 19,246		
Combined SNAP / TANF cases	7,230	\$ .86	\$ 6,218	\$ 74,614		
All Other Cash except Child Care	14,326	\$ .73	\$ 10,458	\$ 125,496		
Transaction Fee	Average Units Per Month	Cost per Transaction	Total Cost per Month	Col 4 x 12 = Total Yearly Cost		
Cash Only Withdrawals ATM / POS	<del>10,1421</del> (10,142)	\$ .38	\$ 3,854	\$ 46,248		
Denials-ATM	2,250	\$ .00	\$ 0	\$ 0		
Denials-POS	3,442	\$ .00	\$ 0	\$ 0		
Bal. Inquiry-ATM	4,100	\$ .00	\$ 0	\$ 0		
Bal. Inquiry-POS	83	\$ .00	\$ 0	\$ 0		
Total EBT Cost-2 <sup>nd</sup> One You (Enter Total on Line 7 of the Summary		Sheet)		\$ 1,933,032		

Note: The table above was modified as shown, Average Units Per Month for Cash Only Withdrawals ATM/POS by the State's Answer to Question #27 in its Addendum Number 3, issued on September 8, 2016.



## **Schedule B Pricing Response: Conversion Costs EBT**

Column 1	Column 2
Category	Cost
EBT-only terminal conversion costs	<b>\$0</b>
New EBT Card	\$0
Total Conversion Costs EBT (Enter Total on Line 9 Summary of Proposal Response Sheet)	\$0



# SNAP Proposal Response Sheet Schedule C Pricing Response: Disaster Services

Column 1	Column 2	Column 3	Column 4  Total Cost per Disaster		
Type of Service	Service Estimated Number Cost per				
Cost Per Disaster Card > 30,000	30,000	\$ .40	\$ 12,000		
Incremental CPCM Fee per Disaster Case during a 90 day period	30,000	\$ .05	\$ 1,500		
Total EBT Cost-Disaster Se	\$ 13,500				
(Enter Total on Line 10 of the Summary of	Proposal Response Sheet)				



# **SNAP & TANF Schedule D Pricing Response: Professional Programming Services EBT**

The Vendor shall provide the Professional Services at an hourly rate of for programing per hour. (For proposal evaluation purposes only, 100 hours will be the estimated quantity of hours)

Column 1	Column 2	Colu	ımrı 3		Column 4		
Programming	Hours	Hours Rate			Total		
	100	\$	90	\$	9,000		
Total cost	\$	9,000					
(Enter Total on Line 11 Summary of Proposal Re	esponse Sheet}.						



### Proposal Response Sheet Schedule E

# Pricing Response: SNAP Exempt Retailers and TANF State-Deployed EBT Only Terminals

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
State-Deployed EBT Only Terminals	Specify Type of Hardware, Maintenance, Communications, Other	Number of Wireless Terminals	Monthly Cost Per Wireless Terminal Monthly Lease Fee Cost Per Month Per EBT Wireless Terminal	Monthly Fees for Wireless Service including set Up Costs Col 3 x 4 = Monthly Total	Column 3 X Column 4 + Column 3 X Column 5 - Monthly Cost Col 5 x 12 = Total Yearly Cost	Column 6 X 12 Total Yearly Cost
Optional SNAP Direct Sales Farmer and Farmers' Market Wireless Equipment including customer service Requiring Detailed Narrative	VeriFone VX 680 handheld device. The VX 680 uses cell phone technology, and AT&T's network providing nationwide, reliable, and high-speed telecommunications coverage. FIS provides wireless retailers with installation support, training and training materials. In addition, access to the 24/7 retailer Customer Service Center (CSC) and equipment repair or replacement is included in the monthly lease fee.	50	\$ 45	\$ 0	\$ 2,250	\$ 27,000

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Note: The table above was modified as shown, by the State's Answer to Question #28 in its Addendum Number 3, issued on September 8, 2016.



# WIC Proposal Response Sheet Schedule F: Cost Per Case Month (CPCM) Pricing

Column 1	Column 2	Colu	mn 3	Col	umn 4	C	olumn 5
Service Cost for	Estimated Cases per month	CPCM		Col 2 x 3 = Total Cost per Month		Col 4 x 12 = Total Yearly Cost	
Year 1	27,150	\$	.97	\$	26,336	\$	316,026
Year 2	27,150	\$	.97	\$	26,336	\$	316,026
Year 3	27,150	\$	.97	\$	26,336	\$	316,026
Year 4	27,150	\$	.97	\$	26,336	\$	316,026
Year 5	27,150	\$	.97	\$	26,336	\$	316,026
1st One Year Renewal	27,150	\$	.97	\$	26,336	\$	316,026
2 <sup>nd</sup> One Year Renewal	27,150	\$	.97	\$	26,336	\$	316,026
Total WIC Cost (Enter Total on Lines 14 through 21	Summary of Proposal Response S	heet)	-	<u> </u>		\$	2,212,182



# WIC Proposal Response Sheet Schedule G: State-Deployed WIC Only Terminals

Column 1	Column 2	Colu	mn 3	Col	umn 4	(	Column 5
Service Cost for	Estimated Terminals per month	Cost per Terminal  Col 2 x 3 = Total Cost per Month  \$ 20 \$ 1,900		Total Cost per		Col 4 x 12 = Total Yearly Cost	
Year 1	95			1,900	\$	22,800	
Year 2	95	\$	20	\$	1,900	\$	22,800
Year 3	95	\$	20	\$	1,900	\$	22,800
Year 4	95	\$	20	\$	1,900	\$	22,800
Year 5	95	\$	20	\$	1,900	\$	22,800
1st One Year Renewal	95	\$	20	\$	1,900	\$	22,800
2 <sup>nd</sup> One Year Renewal	95	\$	20	\$	1,900	\$	22,800
Total WIC Cost (Enter Total on Lines 22 through 29 Sur	mmary of Proposal Response S	Sheet)				\$	159,600



## WIC Proposal Response Sheet Schedule H: Conversion Costs

(Paid upon receipt and approval of deliverables as Specified in the RFP)

Column 1	Column 2
Category	Cost
WIC System Conversion and Retailer Enablement	\$0
New WIC Card	\$0
Total Cost	\$0
(Enter Total on Line 30 Summary of Proposal Response Sheet)	



# WIC Proposal Response Sheet Schedule I: Professional Programming Services Costs WIC

#### PRICING RESPONSE: PROFESSIONAL PROGRAMMING SERVICES EBT

The Vendor shall provide the Professional Services at an hourly rate for programing for agreed upon changes. (For proposal evaluation purposes only, 100 hours will be the estimated quantity of hours.)

Column 1	Column 2	Column 3		Column 4		
Programming	Hours	Rate		Rate		Total
	100	\$	130	\$ 13,000		
Total Cost		<del></del>		\$ 13,000		
(Enter Total on Line 31 Summar	y of Proposal Response Sheet)					



## Child Care Proposal Response Sheets Schedule J

Column 1	Column 2	Col	lumn 3	Co	olumn 4	Column 5
Service Cost for	Average Cases per month	С	PCM		x 3 = Total per Month	l 4 x 12 = Tota Yearly Cost
Year 3	20,800	\$	1.20	\$	24,960	\$ 299,520
Year 4	20,900	\$	1.20	\$	25,080	\$ 300,960
Year 5	21,000	\$	1.20	\$	25,200	\$ 302,400
1st One Year Renewal	21,433	\$	1.20	\$	25,720	\$ 308,635
2nd One Year Renewal	22,076	\$	1.20	\$	26,491	\$ 317,894



## Child Care Proposal Response Sheet Schedule K: POS Equipment

Column 1	Column 2	Col	umn 3	Column 4			Column 5	
Service Cost for	Estimated Terminals per month Terminals			Col 2 x 3 = Total Cost per Month		Col 4 x 12 = Total Yearly Cost		
Year 3	342	\$	20	\$	6,840	\$	82,080	
Year 4	344	\$	20	\$	6,880	\$	82,560	
Year 5	346	\$	20	\$	6,920	\$	83,040	
1st One Year Renewal	348	\$	20	\$	6,960	\$	83,520	
2nd One Year Renewal	350	\$	20	\$	7,000	\$	84,000	
Total Child Care POS Equip (Enter on Lines 39 through 43 Summary of		,	· ·			\$	415,200	

## Child Care Proposal Response Sheets Schedule L: Conversion Costs

(Paid upon receipt and approval of deliverables as Specified in the RFP)

Column 1	Column 2		Column 3
Category	%	Cost	
Child Care System Design, Development and Testing, Provider Enablement	60	\$	195,000
Pilot Implementation	10	\$	32,500
Statewide Rollout	30	\$	97,500
Total Start-up Costs	100	\$	325,000
<b>Total</b> (Enter Total on Line 45 Summary of Proposal Response	e Sheet)	\$	325,000



# Child Care Proposal Response Sheet Schedule M: Professional Services Costs

#### PRICING RESPONSE: PROFESSIONAL PROGRAMMING SERVICES EDT

The Vendor shall provide the Professional Services at an hourly rate for programing for agreed upon changes. (For proposal evaluation purposes only, 100 hours will be the estimated quantity of hours.)

Column 1	Column 2	Column 3 Rate		Column 4
Programming	Hours			urs Rate
	100	\$	90	\$ 9,000
Total (Enter Total on Line 46 Summar	y of Proposal Response Sheet)			\$ 9,000



## Billable ATM Transaction Fees: Proposal Response Sheet Schedule N

#### **Billable ATM Transaction Fees**

CATEGORY	COST PER TRANSACTION	
Cardholder ATM Transaction Fees for Greater than 3 per month	\$ 1.00	
State Transaction Fees Up to 3 Per Month Per Cardholder	\$ 0.38	

#### **Optional EBT Processes Cost**

# Single Card Solution – All Programs Proposal Response Sheets Schedule O: Conversion Costs

(Paid upon receipt and approval of deliverables as Specified in the RFP)

Column 1	Column 2	Column 3		
Category	%	Cost		
System Design	20	\$ 45,042		
Development and Testing	30	\$ 67,563		
Pilot Implementation	20	\$ 45,042		
Statewide Rollout	30	\$ 67,563		
<b>Total</b> (Enter Total on Line 49 of the Summary of Proposal Response Sheet)	100	\$ 225,210		

Note: FIS will provide the impact to its proposed CPCM, if any, upon the State's selection of optional services or combination of optional services that are to be implemented, and the mutual evaluation and approval of the final technical and scope requirements aligned to each selected optional services.



# SNAP and TANF/Cash Card Solution with Photo ID Proposal Response Sheets Schedule P: Conversion Costs

(Paid upon receipt and approval of deliverables as Specified in the RFP)

Column 1	Column 2	Col	umn 3
Category	%	Cost	
System Design	20	\$	30,000
Development and Testing	20	\$	30,000
Retailer Enablement	20	\$	30,000
Pilot Implementation	10	\$	15,000
Statewide Rollout	30	\$	45,000
Total	400	e	450,000
(Enter Total on Line 52 of the Summary of Proposal Response Sheet)	100	\$	150,000

Note: FIS will provide the impact to its proposed CPCM, if any, upon the State's selection of optional services or combination of optional services that are to be implemented, and the mutual evaluation and approval of the final technical and scope requirements aligned to each selected optional services.



### Single Card Solution Proposal Response Sheet Schedule Q

PRICING RESPONSE: PROFESSIONAL PROGRAMMING SERVICES

To be used for ALL of the Single Card Solutions

The Vendor shall provide the Professional Services at an hourly rate for programing for agreed upon changes. (For proposal evaluation purposes only, 100 hours will be the estimated quantity of hours.)

Column 1	Column 2	Column 3	c	olumn 4
Programming	rogramming Hours Rate			
	100	\$130	\$	13,000
Total (Enter Total on Line 50 ar	nd 53 Summary of Proposal Resp	vanca Chaoti	\$	13,000

Note: FIS will provide the impact to its proposed CPCM, if any, upon the State's selection of optional services or combination of optional services that are to be implemented, and the mutual evaluation and approval of the final technical and scope requirements aligned to each selected optional services.



# Managing Four or More SNAP Replacement Cards in a Rolling 12 Month Period Proposal Response Sheet Schedule R

Four or More SNAP Replacement Cards

Column 1	Column 2	Column 3	 Column 4
Managing Four or More SNAP Replacement Cards in a Rolling 12 Month Period with a Cardholder Notice Mailed by the Vendor	Average Letters / Month 60	Average Cases / Month (Year 4 through 2 <sup>nd</sup> - one year renewal of contract) 201,500	Total Cost /ear 4 through one year renewal of contract)
Development and Testing			\$ 0
Monthly Professional Services			\$ 417
Total (Enter Total on Line 55 Summary of Prop	osal Response Sheet)		\$ 20,000