

ATTACHMENT 1: COST PROPOSAL FORM

Offeror must complete all portions of this cost proposal form. Failure to complete all portions could result in the offeror's proposal being deemed non-responsive and rejected.

EVALUATED COST INSTRUCTIONS

Forestry Aircraft Billing Rate Cost Recovery Consulting: Provide the hourly rate to complete all aspects of the individualized services and deliverables required in this IRFP. Enter the "Unit Price" and multiply that amount by Estimated Hours Biennially to arrive at the total. Totals for Lines 1-3 are to be added and entered on the Proposal Total line. The Proposal Total will be used for evaluation purposes only. The state does not guarantee any minimum or maximum number of hours for the Forestry Aircraft Billing Rate Cost Recovery Consulting services.

Offeror's should not include travel expenses in the proposed hourly rate. During the term of the contract, if an individual agency requests services, it will work directly with the contractor to negotiate any travel costs on a case-by-case basis.

Points for Cost will be awarded as specified in Section Sec. 6.15 of the IRFP.

Offerors must be aware this is an Informal Request for Proposal process. Cost is only one of the factors that will be used to evaluate proposals submitted in response to this IRFP. Other factors that will be evaluated are outlined in Section 5 of this IRFP and the Proposal Evaluation form attached to this IRFP.

Forestry Aircraft Billing Rate Cost Recovery Consulting:

Commodity	Estimated Hours Biennially	Unit Price (Hourly Rate)	Total
1. Forestry Aircraft Billing Rate Cost Recovery Consulting 2021	120	\$	\$
2. Forestry Aircraft Billing Rate Cost Recovery Consulting 2023	120	\$	\$
3. Forestry Aircraft Billing Rate Cost Recovery Consulting 2025	120	\$	\$
Proposal Total			\$

Preference Certification:

ITEM	QUESTION	YES	NO
a.	Does your company qualify for the Alaska Bidder's Preference?		

b.	Does your company qualify for the Alaska Veteran's Preference? If yes, provide a copy of your DD 214 with your service/social security number, date of birth, and other Privacy Act protected information redacted or "inked" out.		
c.	Does your company qualify for the Alaskans with Disabilities preference? <u>If yes</u> , you must provide a copy of your certification letter issued by the Division of Vocational Rehabilitation to receive this preference.		
d.	Does your company qualify for the Employment Program Preference? <u>If yes</u> , you must provide a copy of your certification letter issued by the Division of Vocational Rehabilitation to receive this preference.		

Bidder Information:

Company Name:
Company Address:
Contact Person Name:
Contact Person Telephone Number:
Contact Person Email Address:
Authorized Signature:

Bidder Information:
