

Attachment 7

Cost Proposal

*See sealed envelope, marked
"Sealed Cost Proposal- RFP# 4767 Cost Proposal"*

RFP 4767

Operational and Financial Audit of Anderson County Emergency Medical
Services

Attachment 7 – Cost Proposal

The Cost Proposal must be submitted in a separate, sealed envelope, marked "Sealed Cost Proposal- RFP# 4767". The cost proposal shall include all costs. Only cost proposals from vendors that progress to Step II of the Evaluation Process will be opened. Responses to the RFP that do not include a separate sealed cost proposal will be rejected.

Vendor Name: Fitch & Associates, LLC

Cost: \$43,900

Vendor Authorized Representative: Christine Zalar

Vendor Authorized Representative Signature: 

Date: 15 June 2017

Team Member	Phase 1	Phase 2	Phase 3	Phase 4	Total Hours
Fitch	2	2	2	2	8
Minge	12	12	10	12	46
Kirkwood	16	12	6	8	42
Coons	0	8	4	0	12
Wright	6	8	4	7	25
Total Hours	36	42	26	29	133

Blended Rate	\$ 300.00
Consulting Fees	\$ 39,900.00
Travel	\$4,000
	\$ 43,900.00