

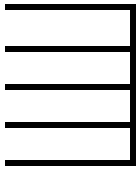
Bid Form – Cost Proposal (Whole dollar figures only)
NYS Education Department
RFP #21-011 New York State High School Equivalency Testing Program

Name of Bidder: _____

Exam Administration Year	Cost for One Complete Battery Administered	Cost of One Subtest Administered (This cost must = the Cost for Complete Battery ÷ the Number of Subtests that Comprise the Complete Battery)
1/1/22 to 12/31/22	\$	\$
1/1/23 to 12/31/23	\$	\$
1/1/24 to 12/31/24	\$	\$
1/1/25 to 12/31/25	\$	\$
1/1/26 to 12/31/26	\$	\$
TOTAL estimated contract value	\$0.00	\$0.00 \$0.00

Contractor Signature		Date:
Printed Name		
Company Name		
Company Address		

Contractor must agree that NYSED will not be charged for any candidate's 1st or 2nd retake of the Reimbursement to the contractor for all required special editions of the subtests as well as for any NYSED makes no guarantee as to the number of administrations that will occur in any calendar year.



y additional alternate language editions the contractor may propose to provide shall be at the same
ear and will only pay for actual exams administered. However, for purposes of estimating a total con

ntract value, 100,000 will be used as the estimated annual number of subtests for which the vendor

r will receive payment under this contract.

RFP# : 21-011
Subcontracting Form

Bidder Name:

Name of Subcontractor	M/WBE*	Entity Type	Work Description	Year 1 Cost	Multi-Year Cost (including Year 1)
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit			
Total Multi-Year Subcontracting Costs					\$0
Total Multi-Year Project Budget					\$0
Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**					#DIV/0!

*Indicate whether the subcontractor is a Minority or Women–Owned Business Enterprise. Leave box blank if subcontractor is neither.

**Subcontracting is limited to thirty percent (30%) of the total contract budget.

**RFP# : 21-011
MWBE Purchases Form**

Bidder Name:

Table 1: Minority Business Enterprise (MBE)

Name of Vendor	Type of Services or Supplies	Year 1 Cost	Multi-Year Cost (including Year 1)
Total MBE Costs			\$0
Total Budget			\$0
Total MBE Costs divided by Total Budget (%)			#DIV/0!

Table 2: Women-Owned Business Enterprise (WBE)

Name of Vendor	Type of Services or Supplies	Year 1 Cost	Multi-Year Cost (including Year 1)
Total WBE Costs			\$0
Total Budget			\$0
Total WBE Costs divided by Total Budget (%)			#DIV/0!