

ACCES VR CMS Independent Verification & Validation (IV&V) Services Mini Bid # PBITS 21 001  
ATTACHMENT 1 FINANCIAL PROPOSAL

NEW YORK STATE EDUCATION DEPARTMENT  
ACCES-VR CMS IV&V SERVICES

Bidder's Name:

Enter Name Here

Bidder's Address:

Enter Address Here

**Directions**

**Bidder shall complete all cells highlighted in yellow.**

**Cells highlighted in orange will be calculated automatically.**

- 1 Bidder shall provide itemized pricing for each section included in the "Pricing" tab of this worksheet.
- 3 The "Not-to-Exceed Project Total Cost" will be calculated automatically.
- 4 Cost Proposals which include pricing in excess of OGS Contract Pricing shall be rejected.
- 5 Cost evaluation will be done based on OGS Contract Pricing.
- 6 Cost is 30% of the mini-bid evaluation.

**Bidder's authorized representative must print the entire workbook and sign below:**

Print Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

Title:

\_\_\_\_\_

Signature:

\_\_\_\_\_

**ACCES VR CMS Independent Verification & Validation (IV&V) Services Mini Bid # PBITS 19-002  
ATTACHMENT 1 FINANCIAL PROPOSAL SUBMISSION**

Each deliverable is to include specific title(s) with cost information. Each title must be sub-totaled. Each fixed-price deliverable must be sub-totaled. All deliverables must be totaled to a final fixed price for evaluation purposes for the Project. Responses which included pricing in excess of the "maximum Not-To-Exceed price" (available at: <http://www.ogs.ny.gov/purchase/snt/awardnotes/7360022802ContractorPage.pdf>) shall be rejected by the Authorized User.

Bidder's Name:

Enter Name Here

**Mini-Bid Cost Proposal Summary**

<b>TOTAL COST FOR EVALUATION PURPOSES</b>	<b>\$ -</b>
<b>10% RETAINAGE</b>	<b>\$ -</b>
<b>TOTAL COST NET RETAINAGE</b>	<b>\$ -</b>

**12 Month Ongoing Project Reporting (CMS-IVV-01.01 through CMS-IVV-01.08)**

<b>Section 1</b>	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST</b>						<b>\$ -</b>	
<b>10% Retainage</b>						<b>\$ -</b>	
<b>TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST</b>						<b>\$ -</b>	

**Document-Based Deliverables**

<b>Section 2</b>	Deliverable ID #	Deliverable Name:					
	CMS-IVV-02	Initial IV&V Project Documentation					
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST</b>						<b>\$ -</b>	
<b>10% Retainage</b>						<b>\$ -</b>	
<b>TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST</b>						<b>\$ -</b>	

Deliverable ID #		Deliverable Name:					
CMS-IVV-03		IV&V Report of Final Project Implementation					
Section 3	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST</b>						\$ -	
10% Retainage						\$ -	
<b>TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST</b>						\$ -	

**PBITS #21-001  
 NYSED ACCES-VR IV&V Services  
 Subcontracting Form**

**Bidder Name:**

Name of Subcontractor	M/WBE*	Entity Type			Project Cost
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input checked="" 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			
<b>Total Multi-Year Subcontracting Costs</b>					<b>\$0</b>
<b>Total Multi-Year Project Budget</b>					<b>#REF!</b>
<b>Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**</b>					<b>#REF!</b>

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



Total WBE Costs			\$0
Total Budget			#REF!
Total WBE Costs divided by Total Budget (%)			#REF!