

ACCES-VR CMS Independent Verification & Validation (IV&V) Services Mini-Bid # PBITS 19-002
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:

**PBITS 19-002
ACCES-VR CMS Independent Verification and Validation Services**

**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

TOTAL COST FOR EVALUATION PURPOSES	\$	-
10% RETAINAGE	\$	-
TOTAL COST NET RETAINAGE	\$	-

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

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

Document-Based Deliverables

Section 2	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
					\$ -		
					\$ -		
					\$ -		
					\$ -		
					\$ -		
					\$ -		
					\$ -		
					\$ -		
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	
10% Retainage						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	

Section 3	Deliverable ID #	Deliverable Name:				
	CMS-IVV-03	IV&V Report of Project Planning and Management				
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total
					\$ -	
					\$ -	
					\$ -	

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Section 7	CMS-IVV-07		IV&V Report of Data Migration and Conversion				
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
	TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -
10% Retainage						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	

Section 8	Deliverable ID #		Deliverable Name:				
	CMS-IVV-08		IV&V Report of System Integration				
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	
10% Retainage						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	

Section 9	Deliverable ID #		Deliverable Name:				
	CMS-IVV-09		IV&V Report of Integration Testing				
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	
10% Retainage						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	

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Section 10	Deliverable ID #		Deliverable Name:				
	CMS-IVV-10		IV&V Report of User Acceptance Testing (UAT)				
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	
10% Retainage						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	

Section 11	Deliverable ID #		Deliverable Name:				
	CMS-IVV-11		IV&V Report of Rollout				
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	
10% Retainage						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	

Section 12	Deliverable ID #		Deliverable Name:				
	CMS-IVV-12		IV&V Report of Documentation Deliverables				
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	
10% Retainage						\$ -	
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST						\$ -	

Section 13	Deliverable ID #		Deliverable Name:				
	CMS-IVV-13		IV&V Report of Training Deliverables				
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	

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					\$	-		
					\$	-		
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST							\$	-
10% Retainage							\$	-
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST							\$	-

Section 14	Deliverable ID #		Deliverable Name:					
		CMS-IVV-14	IV&V Report of Final Project Implementation					
	Title	Description	Total Hours	NYS Not to Exceed Contract Price	Mini-Bid Price	Sub Total	Total Cost Per Category	
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
						\$ -		
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST							\$	-
10% Retainage							\$	-
TOTAL BILLABLE FIXED-PRICE DELIVERABLE COST							\$	-

**PBITS #19-002
 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			
Total Multi-Year Subcontracting Costs					\$0
Total Multi-Year Project Budget					#REF!
Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**					#REF!

*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!