

**Immunization Information System (IIS) RFP  
Attachment D - Cost Proposal**

**RFP 25-78600**

State of Indiana

**State of Indiana, RFP 25-78600**  
**Attachment D - Cost Proposal**  
**Cost Summary**

**INSTRUCTIONS:** The following will be used to assign cost points. Other than entering the Respondent's name at t

**Cost Summary**

Component	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost
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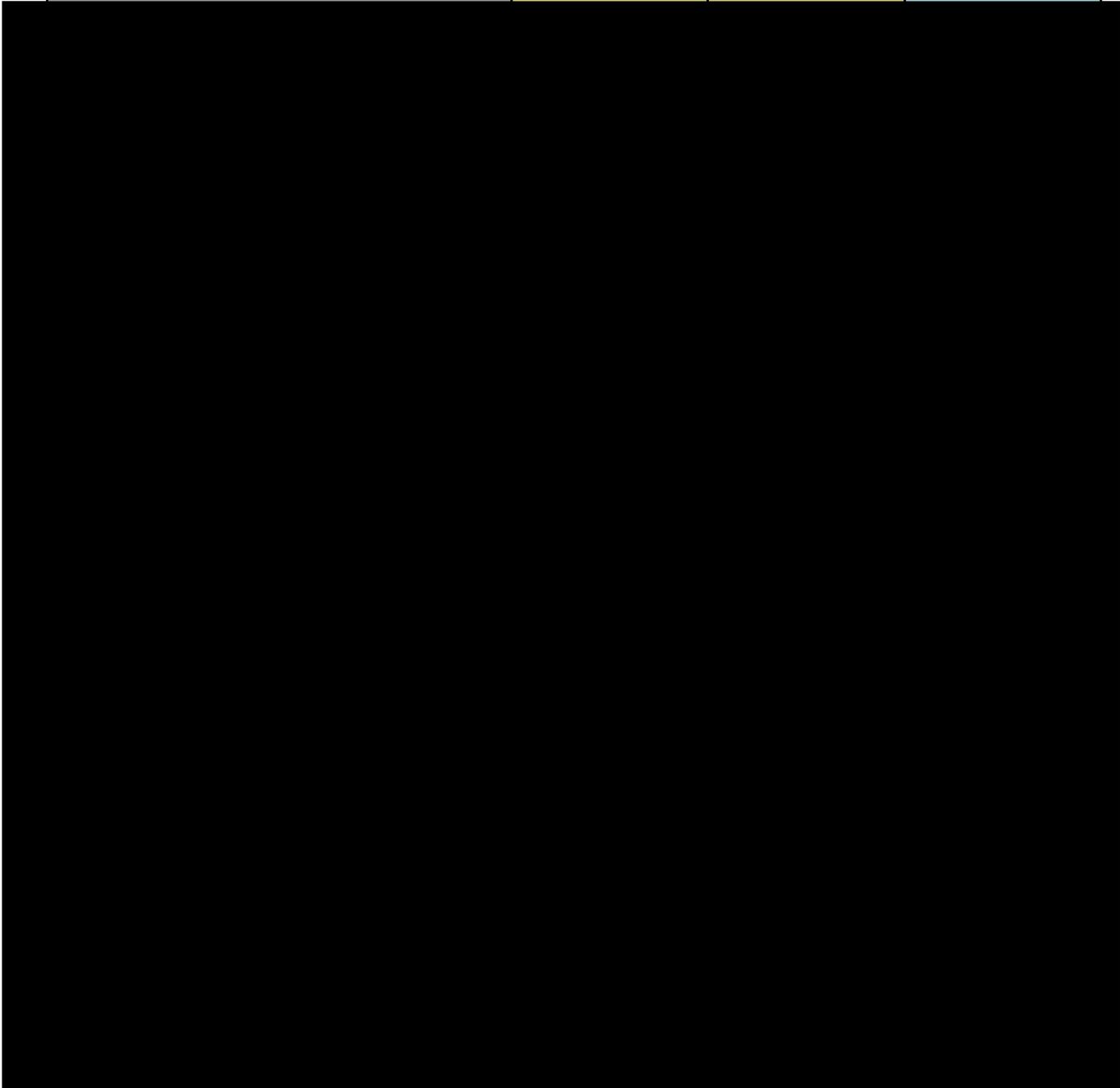


**State of Indiana, RFP 25-78600**  
**Attachment D - Cost Proposal**  
**Staff Rates**

Respondent Name: **STChealth**

**INSTRUCTIONS:** Fill in the yellow-shaded cells to reflect staff rates. Blue cells will populate automatically. Enter as a separate line each staff position included in the Respondent's staffing plan for executing all components of the RFP scope. Provide the hourly rate for each position, inclusive of administrative overhead and any anticipated travel costs, for the initial contract term and the optional contract extension years.

Position	Hourly Rate (Base Contract)	Hourly Rate (Optional Years)	Rate Increase %
<i>Example: Analyst</i>	\$50.00	\$51.50	3%





**State of Indiana, RFP 25-78600**  
**Attachment D - Cost Proposal**  
**Implementation Costs**

Respondent Name: 

STHealth
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**INSTRUCTIONS:** Please fill in the cells shaded yellow in Table 2 to indicate the estimated staff hours by position needed to complete the Implementation work, from Project Kick Off through Statewide Implementation per the Scope of Work. Please refer to Sections 5 and 6 of the Scope of Work for detailed descriptions of implementation milestones and their associated activities and deliverables. Other costs needed for successful completion of Implementation but mentioned elsewhere in the Scope of Work (e.g., Project Management) shall be reflected within the milestones in Table 1. Blue cells will populate automatically.

**State of Indiana, RFP 25-78600  
Attachment D - Cost Proposal  
Enhancements Costs**

Respondent Name: **STChealth**

**INSTRUCTIONS:** Respondents do not need to enter any information on this sheet. For evaluation purposes, the hourly blended rate will be calculated based on the proposed rates for all the positions listed in the RFP. These blended rates will be multiplied by the State's estimated enhancement pool by year to calculate the total estimated enhancement costs per year. For the purposes of evaluation, it has been assumed that the enhancement pool per year (12 months) will be 1,300 hours. The final size of the enhancement pool may be altered during contracting. Please note: the invoiced amounts will reflect the Change Request's approved cost methodology.

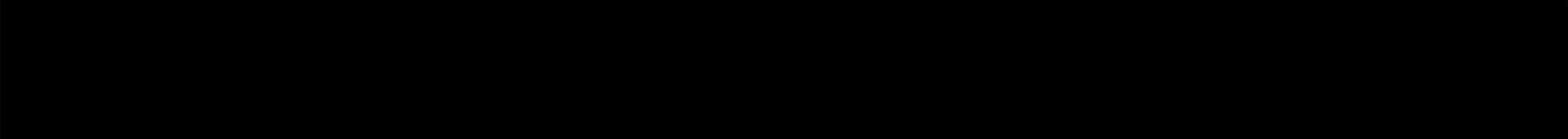
**Section 1. Blended Rate Calculation (for Evaluation Purposes)**

Hourly Rate (Base Contract)	Hourly Rate (Optional Years)	Weighting for Blended Rate
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**Section 2. Enhancement Costs Projection (for Evaluation Purposes)**

Position	Year 1 Cost	Year 2 Cost (assumes 6)	Year 3 Cost (assumes 12)	Year 4 Cost (assumes 12)	Year 5 Cost (assumes 12)	Year 6 Cost (optional)	Year 7 Cost (optional)	Year 8 Cost (Optional)
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State of Indiana, RFP 24-78600  
Attachment D - Cost Proposal

Respondent Name:

Respondent Name:

**INSTRUCTIONS:** Please fill in the yellow cells with any costs related to licenses / subscriptions / environments.

	Year 1 Cost (18 months)	Year 2 Cost (6	Year 3 Cost (12	Year 4 Cost (12	Year 5 Cost (12	Year 6	Year 7 Cost	Year 8 Cost
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**INSTRUCTIONS:** There are 5 tables on this tab. Please note, data entered in this tab will not be used to calculate total contract values evaluated and scored as a portion of the cost score for this RFP.

**Table 1: State Hosted Solution - Cost Reductions**

State of Indiana, RFP 25-78600

**Attachment D - Cost Proposal  
Cost Proposal Narrative**

Respondent Name:

#NAME?

**Cost Proposal Narrative**

Provide confirmation that your company has composed and returned the "Cost Proposal Narrative" document in a PDF format, as outlined in section 2.5 Cost Proposal in the RFP.

Per the directions, please see the attached Cost Proposal Narrative PDF.

**State of Indiana, RFP 25-78600**  
**Attachment D - Cost Proposal**  
**Cost Assumptions, Conditions, and Constraints**

Respondent Name: **STHealth**

**Cost Assumptions, Conditions, and Constraints**

Provide confirmation that your company has composed and returned the "Cost Assumptions, Conditions and Constraints" document in a PDF format, as outlined in section 2.5 Cost Proposal in the RFP.

Per the directions, please see the attached Cost Assumptions, Conditions and Constraints PDF.