

ATTACHMENT 8 – COST PROPOSAL

Complete Parts I, II, III, and IV, below. Indicate on the form if a continuation sheet is attached to address any component. *Note:* Preference will be given to cost proposals which waive all associated conversion fees regardless of the amount of time an individual spends performing services for the Court.

“*Initial Term*” means 3/1/15 through 2/29/16

“*Year 2*” means first option term from 3/1/16 through 2/28/17

“*Year 3*” means 2nd option term from 3/1/17 through 2/28/18

Part I: Mark-Up

Staffing Agency Referrals

For each of the temporary positions listed below (described in Attachment 7) and for each term, propose mark-up to be billed to the Court.

<i>Position</i>	<i>Initial Term</i>		<i>Year 2</i>		<i>Year 3</i>	
	<i>% Bill Rate</i>	<i>% OT Bill Rate</i>	<i>% Bill Rate</i>	<i>% OT Bill Rate</i>	<i>% Bill Rate</i>	<i>% OT Bill Rate</i>
Records Clerk	%	%	%	%	%	%
Clerical Assistant	%	%	%	%	%	%
Accounting Clerk	%	%	%	%	%	%

Court Referrals

For temporary employees who have been referred to the temporary staffing agency by the Court; the temporary staffing agency’s mark-up charge on its temporary employee take-home pay rates.

<i>Position</i>	<i>Initial Term</i>		<i>Year 2</i>		<i>Year 3</i>	
	<i>% Bill Rate</i>	<i>% OT Bill Rate</i>	<i>% Bill Rate</i>	<i>% OT Bill Rate</i>	<i>% Bill Rate</i>	<i>% OT Bill Rate</i>
Records Clerk	%	%	%	%	%	%
Clerical Assistant	%	%	%	%	%	%
Accounting Clerk	%	%	%	%	%	%

Part II: Pay Rate

Enter the staff’s hourly pay rate based upon the position description in the scope of work. Please exclude any mark-up for benefits or overhead.

<i>Position</i>	<i>Hourly Pay Rate</i>	<i>Hourly OT Pay Rate</i>
Records Clerk	\$	\$
Clerical Assistant	\$	\$
Accounting Clerk	\$	\$

Part III: Additional Pricing

For each of the following, provide either proposed pricing and/or method for calculation of pricing or explanation describing why no pricing or pricing approach is proposed.

Note: Temporary staff is not required to drive while on Court business and, thus, mileage fees would never apply to temporary staff.

1.

<i>Description</i>	<i>Cost per Individual Selected</i>
Background Check	\$
Drug Test	\$

2. Applicable Volume Discount and Associated Period

Part IV: Certification.

The undersigned is authorized to bind the proposing temporary staffing agency and certifies on the proposing temporary staffing agency’s behalf that the pricing offered is binding for at least *ninety (90)* days following the deadline for submission. Additionally, the undersigned certifies that the proposing temporary staffing agency and any proposed subcontractor has the financial capability to perform the work which is the subject of this solicitation and knows of no personal and/or organizational conflicts of interest prohibited under federal, state, and local law. The proposing temporary staffing agency certifies that its Cost Proposal is submitted in accordance with this solicitation and all issued addenda.

<i>Company Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of _____ in the State of _____</i>	

END OF ATTACHMENT