

Attachment B Cost Sheet

Vendor Name: _____

Total firm fixed price for the OESC Solution: \$ _____

Total number of vendor man hours for the project: _____

Vendor cost per hour: \$ _____

Vendor must complete the payment schedule below. The vendor may provide an alternative payment schedule for negotiations.

	Deliverable Vendor to complete the proposed deliverables and cost.	Percent of Total Cost	Deliverable Cost
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$

Additional Features (if applicable)

Feature	Period of Time	Cost
		\$

Proposed Levels of Support & Maintenance

Levels of Support & Maintenance	Period of Time	Cost
Post Implementation Support (Beyond 1 year warranty)		\$
License		\$
Standard Maintenance (Minimum of 5 years after the 1 year warranty expires)		\$