TEXAS Health and Human Services

EXHIBIT D - COST PROPOSAL - UNIT PRICES

Solicitation Number:	**HHS0012185A**
Solicitation Name/Title:	**Pest Control Services at the Richmond State Supported Living Center**
Respondent Name:	**[To be entered by the Respondent]**

Pricing Schedule

Line Item Number	Description	Quantity (Estimated # of units annually)	Unit of Measurement (UOM)	All-Inclusive Unit Price ($)		Extended Cost ($ / Year)
1	Licensed Certified Applicator Hourly Labor Rate Regular Hours (8am to 5pm)	**850**	Hours		$/Hour	$ -
2	Licensed Certified Applicator Outside of Regular Hourly Labor Rate Regular Hours	**100**	Hours		$/Hour	$ -
3	What is your 'monthly flat rate' for scheduled pest control services per Exhibit G -Scope of Work.	**12**	Lot		$/Month	$ -
4	What is your specialty services hourly rate for Rodent Collection?	**100**	Hours		$/Hour	$ -
5	What is your specialty services hourly rate for Bed Bug Control?	**100**	Hours		$/Hour	$ -
6	What is your specialty services hourly rate for Mosquito Fogging?	**100**	Hours		$/Hour	$ -
7	Materials Mark Up for Specialty Services	**$5,000.00**	Dollars		Percentage	$ 5,000.00
					Total Projected Annual Cost:	**$ 5,000.00**

NOTES:

(1)	The Respondent's proposed **All-Inclusive Unit Price(s)** is for the Goods and/or Services as specified in this Solicitation and shall include all labor, materials, tools, supplies, equipment, and personnel, including but not limited to, associated costs and incidental costs necessary to provide the products and Services according to the minimum specifications, requirements, provisions, terms, and conditions set forth in the Solicitation.
(2)	The **All-Inclusive Unit Prices ($)** will be used for evaluation purposes, and will apply to the Contract and any amendments executed to incorporate new services and/or deliverables to the Contract.
(3)	The **Estimated # of Units Ordered per Year** are based on historical utilization and provided for evaluation purposes only. The System Agency makes no guarantee of volume, usage, or total compensation to be paid to any Respondent under any awarded Contract, if any, resulting from this Solicitation.
(4)	**Extended Costs and Total Cost** are included in the cost proposal for evaluation purposes only. The System Agency makes no guarantee of volume, usage, or total compensation to be paid to any Respondent under any awarded Contract, if any, resulting from this Solicitation.
(5)	Respondent **MUST** provide All-Inclusive Unit Prices for a minimum order quantity of one (1) unit. Failure to submit any mandatory requirement with the cost proposal may be grounds for deeming the proposal non-responsible, non-responsive or both and may disqualify the proposal.