

NEW MEXICO CORRECTIONS DEPARTMENT

REQUEST FOR PROPOSALS (RFP)

Behavioral Health and Transitional Living Services



RFP# 90-770-18-05804

Amendment #3

Purpose of Amendment is to amend APPENDIX D (Page 97), COST RESPONSE FORM

The following 3 Cost Response Forms on preceding pages replace the posted single cost response form.

Please select Cost Response Form to coincide with proposed Scope of Work 1 through 14.

COST RESPONSE FORM

SOW #'s 1, 2, 3, 4, 5, & 6

| Scope Of Work | Service provided | Cost Per item | Quantity |
|-----------------|---------------------|---------------|-------------|
| Example – SOW 1 | Assessment | \$60.00 | Per Client |
| | DV Group Counseling | \$25.00 | Per Session |
| | DV Curriculum Book | \$12.50 | Per Client |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Should include: The cost of each treatment service provided individually, the cost of materials per person, total cost of labor and any miscellaneous costs.

| Scope of Work | Projected Service | Projected Cost Per Item | Projected Quantity |
|---------------|-------------------|-------------------------|--------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Should include: The cost of each future projected treatment service to provide, the projected cost of materials per person, projected total cost of labor and any projected miscellaneous costs.

| | |
|---|----|
| Fiscal Year 2020 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2021 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2022 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2023 Total Projected Cost (to include all costs): | \$ |
| Total Four Year Projected Cost | \$ |

COST RESPONSE FORM

SOW #'s 7 and 8

| Scope Of Work | Service provided | Cost Per item | Quantity |
|-----------------|------------------|---------------|----------|
| Example – SOW 7 | HH Room | \$25.00 | Per day |
| | UA's Testing | \$5.50 | Per test |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Should include: The cost of materials, cost of meals per day per person (if applicable), total cost of labor, total cost of transportation, cost of room and board per day and any miscellaneous costs.

| | |
|--|----|
| Total Estimated Cost Per Person Per Day | |
| Male | \$ |
| Female | \$ |

| Scope of Work | Projected Service | Projected Cost Per Item | Projected Quantity |
|---------------|-------------------|-------------------------|--------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Should include: The cost of future projected materials, projected cost of meals per day per person (if applicable), total cost of projected labor, total projected cost of transportation, projected cost of room and board per day and any projected miscellaneous costs.

| | |
|--|----|
| Total Estimated Cost Per Person Per Day | |
| Male | \$ |
| Female | \$ |

| | |
|---|----|
| Fiscal Year 2020 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2021 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2022 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2023 Total Projected Cost (to include all costs): | \$ |
| Total Four Year Projected Cost | \$ |

COST RESPONSE FORM

SOW #'s 9, 10, 11, 12, 13, & 14

| Scope Of Work | Service provided | Cost Per item | Quantity |
|-----------------|------------------|---------------|--------------------|
| Example – SOW 9 | Transitional Bed | \$25.00 | Per day per client |
| | Food | \$7.50 | Per day per client |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Should include: The cost of each treatment service provided, cost of materials per person, cost of meals per day per person (if applicable), total cost of labor, total cost of transportation, cost of room and board per day and any miscellaneous costs.

| Total Estimated Cost Per Person Per Day | |
|---|----|
| Male | \$ |
| Female | \$ |

| Scope of Work | Projected Service | Projected Cost Per Item | Projected Quantity |
|---------------|-------------------|-------------------------|--------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Should include: The future projected cost of each treatment service provided, projected cost of materials per person, projected cost of meals per day per person (if applicable), total projected cost of labor, total projected cost of transportation, projected cost of room and board per day and any miscellaneous costs.

| Total Estimated Cost Per Person Per Day | |
|---|----|
| Male | \$ |
| Female | \$ |

| | |
|---|----|
| Fiscal Year 2020 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2021 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2022 Total Projected Cost (to include all costs): | \$ |
| Fiscal Year 2023 Total Projected Cost (to include all costs): | \$ |
| Total Four Year Projected Cost | \$ |