

Agency for Workforce Innovation  
Unemployment Compensation Claims and Benefits Information System

**Attachment S**  
**COST RESPONSE - INSTRUCTIONS**

1	Update your cost response using the Part 1, Part 2, <del>Part 3</del> , and Part 4 tabs that follow.
2	Assume a February 28, 2011 start date for the project.
4	In Part 1, the Operations & Maintenance costs should only include costs up to the full implementation date. All additional O&M costs should be included in Part 2.
5	Do not alter these forms in any way when entering your costs. Only enter data in yellow colored fields. No other costs will be accepted unless otherwise negotiated.
6	Submit both the completed Excel version and a PDF of the sheet with your reply. Complete the signature lines for each of Parts 1, 2, <del>3</del> , and 4.
7	Return your updated cost response in the seperately sealed package as described in Section B.7.2 of the ITN.

# Agency for Workforce Innovation

## Unemployment Compensation Claims and Benefits Information System

### Attachment S COST RESPONSE - Part 1 - Proposed Costs

Part 1 of the Cost Response includes all costs associated with the UC project through each of the phases. The Grand Total of Response at the bottom of the form is the total cost the Vendor is submitting in their response for all project costs through implementation of the proposed UC System.

Fiscal Year:	FY2011	FY2012	FY2013	FY2014	FY2015	Total
	2/28/2011 - 6/30/2011	7/1/2011 - 6/30/2012	7/1/2012 - 6/30/2013	7/1/2013 - 6/30/2014	7/1/2014 - 2/27/2015	
<b>Phase 1</b>	<b>Validate Requirements</b>					
	Services					\$0
	Software					\$0
	Hardware					\$0
	\$0	\$0	\$0	\$0	\$0	\$0
<b>Phase 2</b>	<b>Solution Design</b>					
	Services					\$0
	Software					\$0
	Hardware					\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Phase 3</b>	<b>Build</b>					
	Services					\$0
	Software					\$0
	Hardware					\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Phase 4</b>	<b>Testing</b>					
	Services					\$0
	Software					\$0
	Hardware					\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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**COST RESPONSE - Part 1 - Proposed Costs**

Part 1 of the Cost Response includes all costs associated with the UC project through each of the phases. The Grand Total of Response at the bottom of the form is the total cost the Vendor is submitting in their response for all project costs through implementation of the proposed UC System.

<b>Fiscal Year:</b>		<b>FY2011</b>	<b>FY2012</b>	<b>FY2013</b>	<b>FY2014</b>	<b>FY2015</b>	<b>Total</b>
		2/28/2011 - 6/30/2011	7/1/2011 - 6/30/2012	7/1/2012 - 6/30/2013	7/1/2013 - 6/30/2014	7/1/2014 - 2/27/2015	
<b>Phase 5</b>	<b>Training</b>						
	Services						\$0
	Software						\$0
	Hardware						\$0
	<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Phase 6</b>	<b>Implementation</b>						
	Services						\$0
	Software						\$0
	Hardware						\$0
	<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Phase 7</b>	<b>Operations &amp; Maintenance**</b>						
	Services						\$0
	Software						\$0
	Hardware						\$0
	<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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**COST RESPONSE - Part 1 - Proposed Costs**

Part 1 of the Cost Response includes all costs associated with the UC project through each of the phases. The Grand Total of Response at the bottom of the form is the total cost the Vendor is submitting in their response for all project costs through implementation of the proposed UC System.

Fiscal Year:	FY2011	FY2012	FY2013	FY2014	FY2015	Total
	2/28/2011 - 6/30/2011	7/1/2011 - 6/30/2012	7/1/2012 - 6/30/2013	7/1/2013 - 6/30/2014	7/1/2014 - 2/27/2015	
<b>YEARLY TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Grand Total of Response</b>						<b>\$0</b>

**\*\*Note: In Part 1, the Operations & Maintenance costs should only include costs up to the full implementation date. All additional O&M costs should be included in Part 2.**

**Submitted By:**

Respondent Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

By affixing my signature to the Cost Response Sheet-Part 1. I hereby state that I have read and agree to the ITN terms, conditions and specifications. Travel & Misc. Exp. must be included in services.

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**Attachment S**  
**COST RESPONSE - Part 2**  
**(1 Year Included Warranty/Maintenance & 4 Year Optional Renewal Maintenance)**

Part 2 of the Cost Response includes all costs associated with Maintenance of UC System, following implementation. The Grand Total of Response at the bottom of the form is the total cost the Vendor is submitting in their response for all project costs after implementation of the proposed UC System.

Year:	Maintenance Year 1 - Base Contract	Year 1 - Renewal Option	Year 2 Renewal Option	Year 3 - Renewal Option	Year 4 - Renewal Option	Total
<b>Operations &amp; Maintenance</b>						
<i>Services</i>						\$0
<i>Software</i>						\$0
<i>Hardware</i>						\$0
<b>YEARLY TOTAL</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Grand Total of Response</b>						\$0

**\*\*Note: "Maintenance Year 1 - Base Contract" is the first 12 months following full implementation, "Year 1 - Renewal Option", is the next 12 months, and so on.**

**Submitted By:**

Respondent Business Name:  Date:

Authorized Signature:

Printed Name and Title:

By affixing my signature to the Cost Response Sheet-Part 2. I hereby state that I have read and agree to the ITN terms, conditions and specifications. Travel & Misc. Exp. must be included in services.

# Agency for Workforce Innovation

## Unemployment Compensation Claims and Benefits Information System

### Attachment 5 COST RESPONSE – Part 3 (Cost Component Breakout)

Provide the cost component breakout for the following requirements as included in your proposed solution. These costs are for detailed analysis of the Costs included in Part 1. Part 1 of the Cost Response includes all proposed costs. Part 3 is a breakdown of the costs included in Part 1.

Fiscal Year:	FY2011	FY2012	FY2013	FY2014	FY2015	Total
	2/28/2011– 6/30/2011	7/1/2011– 6/30/2012	7/1/2012– 6/30/2013	7/1/2013– 6/30/2014	7/1/2014– 2/27/2015	

**Requirements Management Tool Licenses-**

<i>Services</i>						\$0
<i>Software</i>						\$0
<i>Hardware</i>						\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Business Process Reengineering-**

<i>Services</i>						\$0
<i>Software</i>						\$0
<i>Hardware</i>						\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Data Conversion-**

<i>Services</i>						\$0
<i>Software</i>						\$0
<i>Hardware</i>						\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Disaster Recovery Plan, Processes, and Supporting Infrastructure**

<i>Services</i>						\$0
<i>Software</i>						\$0
<i>Hardware</i>						\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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Fiscal Year:	FY2011	FY2012	FY2013	FY2014	FY2015	Total
	2/28/2011 – 6/30/2011	7/1/2011 – 6/30/2012	7/1/2012 – 6/30/2013	7/1/2013 – 6/30/2014	7/1/2014 – 2/27/2015	
<b>Help-Desk Services</b>						
<i>Services</i>						\$0
<i>Software</i>						\$0
<i>Hardware</i>						\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Travel Costs</b>						
<i>Travel</i>						\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Submitted By:**

Respondent Business Name:  Date:

Authorized Signature:

Printed Name and Title:

By affixing my signature to the Cost Response Sheet-Part 3, I hereby state that I have read and agree to the ITN terms, conditions and specifications. Travel & Misc. Exp. must be included in services (travel costs must be included in each service and total travel costs for the entire project included in the Travel Costs line entry.)

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**COST RESPONSE - Part 4 - Rate Card**

Provide the rate for each Role Title included in your response. For each Role Title submitted, identify the corresponding State of Florida, State Term Contract (STC) #973-561-010-1 IT Consulting State Term Contract Job Title and Scope Variant. A complete listing of job titles can be found on the State of Florida, Department of Management Services website, STC #973-561-010-1, under Project Area #4. The following link is provided for your convenience:  
[http://dms.myflorida.com/business\\_operations/state\\_purchasing/vendor\\_information/state\\_contracts\\_agreements\\_and\\_price\\_lists/state\\_term\\_contracts/information\\_technology\\_it\\_consulting\\_services/price\\_sheets\\_project\\_area\\_4](http://dms.myflorida.com/business_operations/state_purchasing/vendor_information/state_contracts_agreements_and_price_lists/state_term_contracts/information_technology_it_consulting_services/price_sheets_project_area_4)

These rates will be used in the Change Control process, if needed. Rate is defined as cost per hour for each resource.

Respondent Role Title	IT Consulting State Term Contract		Proposed Rate
	Job Title	Scope Variant	



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**Attachment S**  
**COST RESPONSE - Part 4 - Rate Card**

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**Submitted By:**

Respondent Business Name:  Date:

Authorized Signature:

Printed Name and Title:

By affixing my signature to the Cost Response Sheet-Part 4. I hereby state that I have read and agree to the ITN terms, conditions and specifications. Travel & Misc. Exp. must be included in services.