**ATTACHMENT G – COST SCHEDULE & REIMBURSEMENT OUTLINE**

**INVESTIGATION SERVICES RFP 61GCB-S1402**

**VENDOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide hourly rate(s) below for positions/services applicable to your company.**

|  |  |
| --- | --- |
| **POSITIONS/SERVICES** | **HOURLY RATES** |
| Director Managing/Executive |  |
| Director |  |
| Directors Associate/Other |  |
| Computer Forensics |  |
| Investigators/ Senior Investigators |  |
| Consultants/Managing Consultants |  |
| Researchers |  |
| Accounting CPA’s/Senior |  |
| Associates/Senior Associates |  |

**NOTE: Negotiations of cap to be determined based on the scope of the investigation.**

**REIMBURSEMENT OUTLINE AND RATES**

In addition to the vendor’s professional fees, the Board will reimburse certain expenses in accordance with the following schedule as provided for in the Nevada State Administrative Manual:

As provided for in the Nevada State Administrative Manual, the vendor shall submit monthly billings for work performed, billing only for actual time spent performing a task, and not for unit charge (e.g., no automatic billing of one-third hour for a phone call that may take only five minutes). In every case, all billings shall describe all work performed with particularity and by whom it was performed, including their job title. Billings shall be attached to payment vouchers and shall be processed as are other claims against the State. Such billings are subject to the following guidelines:

A. Unless otherwise agreed to in advance, it is expected that only one professional from the vendor's organization will attend meetings, depositions and arguments and other necessary events, although a second person may be needed for trials and major hearings or meetings;

B. Charges for professional time during travel will not normally be reimbursable, unless the time is actually used performing professional services or as otherwise arranged in advance.

**THE STATE WILL NOT REIMBURSE FOR:**

A. Fees for the training of personnel incurred as a result of staffing changes or increases during the term of the contract;

B. Fees for time spent educating junior professionals or associates; or

C. Fees for more than ten hours of work per day for any individual, except during trial or other extraordinary event.

**EXPENSE STATEMENTS**

The contract provides for specific expense reimbursement in $US. The vendor shall submit monthly statements to the Gaming Control Board Investigations Division itemizing all expenses for which reimbursement is claimed. Certain disbursements will not be paid unless agreed to in advance. These include:

A. Secretarial or word processing services (normal, temporary, or overtime);

B. Photocopy expenses of more than 15 cents per page;

C. Photocopy costs in excess of $2,000.00 for a single job;

D. Any other staff charges, such as for meals, filing, proofreading, regardless of when incurred;

E. Computer time (other than computer legal research specifically authorized in advance).

**TRAVELEXPENSES**

Travel **must be approved in advance** by the Board Investigations Division and conform to the procedures and rates allowed for Board employees under the Investigative Travel Fund. Any departure from these approved rates must be approved in advance by the Chief of Investigations. The rates at the time of contract signing are the following:

**LODGING ALLOWANCES**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| When incurring lodging expenses, the rate (excluding room tax and fees) shall be based upon the destination. The maximum rate shall be based upon the then current GSA per diem rate as outlined on the GSA website located at [www.gsa.gov](http://www.gsa.gov). | | | | |
| **EXCEPTIONS TO LODGING RATES:**  If a specified lodging rate cannot be obtained, Vendor may request permission to incur a higher rate. Requests must be made in writing, ***prior to incurring the expense***, and be submitted to the Administrative Deputy Chief of Investigations for approval by the Chief of Investigations. | | | | |
| **DOMESTIC PER DIEM FOR MEAL REIMBURSEMENTS:**  The applicable meal rate will be the rate for the geographic area within which required lodging is located, or where Vendor’s employee is conducting work for the Gaming Control Board’s Investigations Division. | | | | |
| Vendor must use the following time schedule to determine meal reimbursement eligibility: | | | | |
| **To Claim:** | **You Must Depart From Duty Station at:** | **You Must Return To Duty Station at:** |
| Breakfast | 7:00 a.m. or Earlier | 8:00 a.m. or Later |
| Lunch | 12:00 noon or Earlier | 1:00 p.m. or later |
| Dinner | 5:00 p.m. or Earlier | 6:00 p.m. or Later |

Domestic Meal reimbursements range from $55 per day to $95 per day. The breakdown of those rates for breakfast, lunch, and dinner is included in the following table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Breakdown of Per Diems:** | | | |
| **Per Day** | **Breakfast** | **Lunch** | **Dinner** |
| **$55** | **$10** | **$15** | **$30** |
| **$65** | **$12** | **$18** | **$35** |
| **$75** | **$15** | **$20** | **$40** |
| **$85** | **$15** | **$30** | **$40** |
| **$95** | **$20** | **$30** | **$45** |