**RFP 61GCB-S2715 - EQUINE VETERINARY SERVICES**

**COST SCHEDULE**

Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendors must provide detailed prices for all costs associated with the responsibilities and related services. Clearly specify the nature of all expenses anticipated. Include per day/event cost, hourly cost, etc. Please address any estimated costs as stated for services described in section 3.1.1 – 3.3.8

Flat fee:

Per event $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what services are provided in the fee and those services and costs not included in the stated fee. Attach additional sheets if necessary.

Hourly rates/fees for additional services provided (not included in above):

Normal business hour (8:00 A.M. to 5:00 P.M. M-F) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Hour

After hours (5:01 P.M. to 7:59 A.M. M-F) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Hour

Emergency service calls $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Hour

Hourly rate for non-race days $ /Hour

**NOTE**—Any laboratory charges will be reimbursed at actual cost. Proof of cost must be submitted to and approved by the State before payment will be made.

Specify Laboratory to be used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please see 3.1.4 beginning on page 2 of the RFP document for staffing and testing requirements

Does this laboratory meet all requirements in section 3.1.4(A) of this document?

(Initial one) \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

No Yes

Please list any other associated charges:

Attach additional sheets if necessary