

ATTACHMENT 21



Department of Civil Service

**Additional Consulting Support Services Fees Form - RFP entitled: "New York State Health Insurance Program Decision Support System"**

**Offeror Name:** \_\_\_\_\_

<b>Position/Title</b>	<b>Hourly Rate</b>
Director _____	_____
Project Manager _____	_____
Senior Consultant _____	_____
Consultants _____	_____
Data Manager/Programmer _____	_____
Analysts _____	_____

As part of its proposed Ongoing Operations Monthly Fee, the Offeror shall incorporate the cost of 800 hours Consulting Support Services as stated in Section 6.5.

During the term of the Contract, the Department may, in its sole discretion, require additional Consulting Support Services after the initial 800 hours of Consulting Support Services have been exhausted.

In this table, the Offeror must enter an hourly rate by Consultant Position/Title as found in Section 6.5 of the RFP for Additional Consulting Support Services. The proposed all-inclusive hourly rates shall remain in effect for the entire contract term duration. An Offeror must fill in quotes in the space provided.