

ATTACHMENT 23



**Department of
Civil Service**

**Additional Fees – CMS Rate
Comparison Form RFP entitled: “New
York State Health Insurance Program
Decision Support System”**

Offeror Name: _____

	Year 1	Year 2	Year 3	Year 4	Year 5
Annual Fee:					

Quote in the space provided the annual fee that will be payable in accordance with the terms of Section 6.7 of the RFP.

An Offeror must quote a fixed, all-inclusive annual fee, which must include the cost of development, personnel, hardware, software, training, and other costs. The Department will not accept annual fees with any variables or contingencies. An Offeror must fill in quotes in the space provided.

The Department will not accept modifications to this attachment.