ATTACHMENT 7

FEE PROPOSAL

Please submit the total contract cost for providing each of the services noted below. Fees shall include labor, materials, supplies, travel and any other costs incurred, including costs to attend meetings with EUTF Administration and Board of Trustees, to provide the specified services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **First Contract**  **Period**  **9/1/23 to 6/30/25** | **Second Contract Period**  **7/1/25 to 6/30/27** | **Total** |
| **Fees** | |  |  |  |
|  | Year 1 | $ | $ |  |
|  | Year 2 | $ | $ |  |
|  | Subtotal | $ | $ | $ |
|  | |  |  |  |
| Reduction in fees for each month Board meetings are not attended in-person | | $ | $ |  |
|  | |  |  |  |
| Additional Contract Work | |  |  |  |
|  | |  |  |  |
| **Lead Consultant Hourly Rate** | |  |  |  |
|  | Year 1 | $ | $ |  |
|  | Year 2 | $ | $ |  |
|  |  |  |  |  |
| **Other Hourly Rate** | |  |  |  |
|  | Year 1 | $ | $ |  |
|  | Year 2 | $ | $ |  |
|  | |  |  |  |

The EUTF reserves the right to terminate the Pharmacy Benefit Consultant Services at the end of a contract period.

|  |  |
| --- | --- |
|  | |
| Authorized Signature | |
|  | |
| Title | |
|  |  |
| Company Name | Date |