

**EXHIBIT D – COST PROPOSAL**

Hourly Rate (Not Scored)

Hourly Rate	LC1	LC2	LC3	LC4	LC5 (opt.)
Rate					

\*LC = Labor Category

Assessment Cost Estimates (mandatory – Scored)

Assessment Estimate	LC1 # of hours	LC2 # of hours	LC3 # of hours	LC4 # of hours	LC5 # of hours (opt.)	Total (sum of each rate hours)
Simple Assessment:						
Proposer Scope:						
Intermediate Assessment:						
Proposer Scope:						
Complex Assessment:						
Proposer Scope:						
Updates of existing reviews/assessments:						
Proposer Scope:						

Other Expenses (mandatory – not scored)

Other Expenses	
Type of Expense:	Estimate
Travel Charge	

*\*This data is for informational purposes only, there is no monthly or overall guarantee of hours that should be assumed. Billable duty volumes and Prior Authorization forms may change per HCA’s discretion.*