## ATTACHMENT E – PRICE PROPOSAL FORM

**SERVICENOW SUPPORT SERVICES**

**PRICE PROPOSAL FOR RFP # K19-0006-29**

|  |  |  |  |
| --- | --- | --- | --- |
| **ServiceNow Systems Administrator**  **Resource’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **A** | **B** | **C** |
| **Hourly Labor Rate\*** | **Total Hours**  **Annually\*\*** | **Total Proposed Price** |
| Base Year One |  |  |  |
|  | $ | 2040 |  |
| Option Year One |  |  |  |
|  | $ | 2040 |  |
| Option Year Two |  |  |  |
|  | $ | 2040 |  |
| **Total Proposed Price** | | | **$** |  |
| \*\*Estimated hours for evaluation purpose only, and do not constitute billing basis. |  |  |  |
|  |  |  |  |
| Authorized Individual Name/Date |  | Company Name | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Title |  | Company Tax ID # | |
|  |  |  |  |
| **\*The Fully Loaded Hourly Labor Rate is the actual rate the State will pay for services and must be recorded in dollars and cents.** | | | |

(This form is to be filled out by Offerors)

**SERVICENOW SUPPORT SERVICES**

**PRICE PROPOSAL FOR RFP # K19-0006-29**

|  |  |  |  |
| --- | --- | --- | --- |
| **ServiceNow Systems Developer**  **Resource’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **A** | **B** | **C** |
| **Hourly Labor Rate\*** | **Total Hours**  **Annually\*\*** | **Total Proposed Price** |
| Base Year One |  |  |  |
|  | $ | 2040 |  |
| Option Year One |  |  |  |
|  | $ | 2040 |  |
| Option Year Two |  |  |  |
|  | $ | 2040 |  |
| **Total Proposed Price** | | | **$** |  |
| \*\*Estimated hours for evaluation purpose only, and do not constitute billing basis. |  |  |  |
|  |  |  |  |
| Authorized Individual Name/Date |  | Company Name | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Title |  | Company Tax ID # | |
|  |  |  |  |
| **\*The Fully Loaded Hourly Labor Rate is the actual rate the State will pay for services and must be recorded in dollars and cents.** | | | |

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**SERVICENOW SUPPORT SERVICES**

**PRICE PROPOSAL FOR RFP # K19-0006-29**

|  |  |  |  |
| --- | --- | --- | --- |
| **ServiceNow Systems Analyst**  **Resource’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **A** | **B** | **C** |
| **Hourly Labor Rate\*** | **Total Hours**  **Annually\*\*** | **Total Proposed Price** |
| Base Year One |  |  |  |
|  | $ | 2040 |  |
| Option Year One |  |  |  |
|  | $ | 2040 |  |
| Option Year Two |  |  |  |
|  | $ | 2040 |  |
| **Total Proposed Price** | | | **$** |  |
| \*\*Estimated hours for evaluation purpose only, and do not constitute billing basis. |  |  |  |
|  |  |  |  |
| Authorized Individual Name/Date |  | Company Name | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Title |  | Company Tax ID # | |
|  |  |  |  |
| **\*The Fully Loaded Hourly Labor Rate is the actual rate the State will pay for services and must be recorded in dollars and cents.** | | | |