


SIGNATURE PAGE
P-42-2022

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: Eyman Associates
(PRINT)

Preparer's Name: Barbara Eyman
(PRINT)

Signature: 
(DATE)

Address: 300 New Jersey Avenue NW, Suite 900, Washington, DC 20001

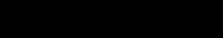
Telephone No.: (202) 869-0065

Fax No.: (202) 290-3941

E-Mail Address: mmhandley@eymanlaw.com

***** (This should be the email where Contracts would be sent) *****

Contact Person: Morgan Handley

FEIN: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)

(Revised 2/2017)

REQUEST FOR PROPOSAL

TO PROVIDE CONSULTING SERVICES FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE COUNTY OPTION HOSPITAL FEE PROGRAM

PRICE PROPOSAL SHEET


Consultant shall summarize their proposed fee arrangements using this Price Proposal Sheet. If Consultant requires additional space to state their fee arrangement, or if the proposed fee arrangement includes contingency/performance-based fees, then Consultant shall attach a separate sheet to this Price Proposal Sheet.

Description (Identify on the lines below for each Project Phase, whether the fee is Time and Material; Fixed Price; and/or Contingency/Performance Based)	Proposed Fees
A. Development of Hospital Fee Program:	
Fixed Price	\$200,000
Total Amount for Development of Hospital Fee Program	\$200,000
B. Implementation of Hospital Fee Program:	
Fixed Price	\$17,000
Fee to update model	\$23,000
Total Amount for Implementation of Hospital Fee Program	\$17,000-\$40,000
Grand Total Amount for Development and Implementation of Hospital Fee Program	\$217,000-\$240,000

Consultant Name: Eyman Associates

Name of Authorized Officer: Barbara Eyman

Title of Authorized Officer: Principal

Signature of Authorized Officer: 

Date Signed: 10/14/22