

ATTACHMENT B PRICING FORM

RFP NO. 25-033-K – IT Support Services for Kimble County, TX

Proposer Name: _____

Proposers must complete this form in full. Pricing must include all costs necessary to perform the services described in the Scope of Work, except as otherwise provided. Failure to provide complete pricing in the format below may result in disqualification.

I. BASE MONTHLY SERVICES (Flat Fee)

The Base Monthly Fee shall cover the following minimum services:

- Remote monitoring, management, and patching of County systems.
- Unlimited remote helpdesk support during business hours.
- Eight (8) hours of on-site support per month (excluding travel time and expense).
- Data backup monitoring and verification.
- Routine system administration and tasks.

Proposed Base Monthly Fee (All-Inclusive): \$ _____

II. HOURLY RATES (Beyond Base Services)

Role / Service Category	Standard Hourly Rate	After-Hours / Weekend Hourly Rate	Holiday Hourly Rate
Helpdesk Technician / Junior IT Staff	\$	\$	\$
Systems Administrator / Engineer	\$	\$	\$
Network Engineer / Security Analyst	\$	\$	\$
Project Manager / Senior Consultant	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$

III. OTHER / ADDITIONAL SERVICES

Service	Unit / Description	Rate / Fee	Notes
Travel Expense for On-Site support	Per hour or flat trip fee	\$	
Other:		\$	
Other:		\$	

Other:		\$	
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IV. TOTAL PROPOSED COST FOR EVALUATION

For evaluation purposes only, the County will calculate a Total Evaluated Cost based on:

- Base Monthly Fee × 12 months (initial term) – includes the number of on-site hours specified in the Base Monthly Fee, PLUS
- Assumed additional Helpdesk Technician / Junior IT Staff On-Site Hours – the County will assume ten (10) additional standard on-site hours per month for the Helpdesk Technician / Junior IT Staff role beyond the included base hours, multiplied by the quoted hourly rate for that role x 12 months.
 - This assumption is used solely for evaluation to normalize proposal and will not restrict actual billing after award.
 - No assumed additional hours will be applied for other roles/service categories; those will be billed at the proposed hourly rates as needed after award.

Total Evaluated Cost (Initial 12-month term): \$ _____

V. PROPOSER NOTES & EXCEPTIONS

Proposer must clearly identify any exclusions, assumptions, or conditions to the above pricing:

Authorized Signature: _____ Date: _____