RFP Title: HCRC Scanning Services
RFP Number: HCRC-SS-071216

ATTACHMENT 10

COST BREAKDOWN: TIME AND MATERIALS FEES TO PERFORM SCOPE OF SERVICES

<u>Instructions</u>

Proposers must complete the following worksheet in its entirety. Please indicate in the "Yes" or "No" columns below whether the requested services are fully supported by the Proposer. If "No" is selected, please provide a full explanation.

| | | | Supported Service | | | |
|------|--|----------|----------------------|----|---------------|---------------------------------|
| Item | Description | Unit | Yes | No | Cost per unit | Please provide full explanation |
| 1 | Document pickup | Trip | | | | |
| 2 | Project Management and design | Hour | | | | |
| 3 | Scan job setup | Batch | | | | |
| 4 | Document preparation | Document | | | | |
| 5 | Image capture | Page | | | | |
| 6 | B&W (TIF Monochrome Group IV, 300 DPI) | Image | | | | |
| 7 | Color (JPEG, 300 DPI) | Image | | | | |
| 8 | PDF (B&W and color, 300 DPI) | Image | | | | |
| 9 | Data entry (Bates numbers only) | Image | | | | |
| 10 | Quality control | Image | | | | |
| 11 | Document reassembly | Document | | | | |
| 12 | Load file creation | Batch | | | | |
| 13 | Optical mark detection (OMD) sheet creation | Page | | | | |
| 14 | Copy files onto USB Flash Drive | Drive | | | | |
| 15 | Document delivery | Trip | | | | |
| 16 | Physical Bates label application | Page | | | | |
| 17 | Electronic Endorsement of Bates numbers (burning the numbers onto TIF or JPG files) | Image | | | | |
| 18 | Rush Services(specify turnaround) | Item | | | | |
| 19 | If vendor requires a minimum volume of scanning per month per client, specify minimum or any effects on cost | Page | | | | |
| 20 | Specify any costs associated with volume exceeding any maximum volume of scanning per month | Page | | | | |
| 21 | Specify any costs associated with premium services | Item | | | | |