

ATTACHMENT 5
PRICING FORM

1. Introduction

- A. Pricing, as requested via this form, is based upon the description of work and pricing provisions set forth in Exhibit D, Work to be Performed, and Exhibit C, Payment Provisions of Attachment 2, Contract Terms. The proposer must submit pricing, using this form, that reflects the anticipated work to be performed and payment provisions that would be set forth in a subsequent contract, if awarded. Any changes proposed to Exhibit D, Work to be Performed, or Exhibit C, Payment Provisions, must also be reflected in this form, as appropriate, by changing its structure to reflect the appropriate pricing proposed. In any event, the proposer is to provide a cost proposal which encompasses all pricing, including the applicable charges, costs, fees, labor, benefits, expenses, markups, overhead, and profits, necessary to provide the State with the work.
- B. Propose pricing for the anticipated Initial Term (May 1, 2010 through April 30, 2011) only. Option Terms, if any, will be negotiated and authorized as set forth in Attachment 2, Contract Terms, Exhibit B, Special Provisions, paragraph 29, Agreement Term(s) and Options.
- C. The State assumes it will receive bids for a variety of transmission modes (e.g., satellite, fiber, MPEG, uncompressed video, etc.). The list of potential costs set forth below is not intended to be exhaustive. Please make sure to include all potential costs that could be incurred by the State if it enters into a contract for your services. If this pricing form (Attachment 6) does not leave enough space to describe the costs and services, please include a separate attachment that clearly references the appropriate item in this Attachment 6 and address such other potential costs not addressed herein.

2. Cost for Television Transmission Service

- A. Propose a fixed unit price for items 1 -3, below, for the cost to provide television transmission service from San Francisco, CA to Cheyenne, WY.

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Table 1:

<i>No.</i>	<i>DESCRIPTION</i>	<i>UNIT PRICE</i>
1	COST TO ARRANGE SWITCHES AT AT&T HUB (INCLUDING THE ACTUAL SWITCHING COST)	\$ _____ PER EVENT
2	TRANSMISSION COST FROM AT&T HUB IN SAN FRANCISCO, CA TO SERVICE PROVIDER'S FACILITIES. (IF APPLICABLE)	\$ _____ PER HOUR
3	TRANSMISSION COST FROM SERVICE PROVIDER'S FACILITIES TO DISH NETWORK L.L.C.'S UPLINK SITE IN CHEYENNE, WY.	\$ _____ PER HOUR

B. **Variable Costs.** Please specify any variable costs for transmission services for various levels of signal quality or types of signal (i.e. for an mpeg signal note the costs per hour at 4 meg, 6 meg, 8 meg, 10 meg, and 12 meg levels of signal quality). For a satellite signal note the costs per hour (for C-Band, KU band, C and KU Band, encoded, unencoded etc.), using the format shown in Table 2, below. Please specify any cost variations based on time of day and/or day of week. Please provide an attachment if the space below is not efficient.

Table 2:

<i>No.</i>	<i>TYPE OF SIGNAL</i>	<i>RATE PER HOUR</i>
1	4 Mbps	\$ _____
2	6 Mbps	\$ _____
3	8 Mbps	\$ _____
4	12 Mbps	\$ _____
5	C and Ku Band, encoded	\$ _____
6	C and Ku-Band, unencoded	\$ _____
7	Fiber	\$ _____
8	MPEG	\$ _____

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3. Cancellation Fee

- A. Please specify your cancellation policy and any applicable charges the State will incur in Table 3, below, based on the time prior to the broadcast when the cancellation occurred.

Table 3:

<i>No.</i>	<i>TIME PRIOR TO BROADCAST WHEN CANCELLATION OCCURS</i>	<i>DESCRIPTION OF FEE (IF APPLICABLE)</i>	<i>CANCELLATION FEE</i>
1	1 hour	_____	\$ _____
2	6 hours	_____	\$ _____
3	1 day	_____	\$ _____
4	3 days	_____	\$ _____
5	1 week	_____	\$ _____
6	2 weeks	_____	\$ _____

4. Transmission Credit

- A. When an interruption occurs, the Service Provider will provide the State with a Transmission Credit. The Transmission Credit could take the form of cost reimbursements, future transmission time, or some other form of compensation. Please specify the potential nature and value of such transmission credit and note the value of a credit based on the amount of time of the interruption in Table 4, below. Please attach any additional information about transmission credits if necessary.

Table 4:

<i>No.</i>	<i>NUMBER OF MINUTES</i>	<i>TYPE OF CREDIT</i>	<i>VALUE OF CREDIT</i>
1	1/2	_____	\$ _____
2	1	_____	\$ _____
3	2-5	_____	\$ _____
4	6-10	_____	\$ _____
5	11-15	_____	\$ _____

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<i>No.</i>	<i>NUMBER OF MINUTES</i>	<i>TYPE OF CREDIT</i>	<i>VALUE OF CREDIT</i>
6	16-30	_____	\$ _____
7	30-45	_____	\$ _____
8	45-60+	_____	\$ _____

5. Pricing for Alternate Service

A. If the State requests that the Contractor provide an alternate means of data transmission, due to loss of or lack of transmission capacity, as set forth in Attachment 2, Exhibit C, Work to Be Performed, the State shall reimburse the Contractor the actual cost that the subcontracted provider of the alternate means of transmission bills the Contractor for such transmission, not including any markup from the Contractor, and the Contractor shall use its commercially reasonable efforts to provide the requested alternate means of transmission. The Contractor shall obtain the State’s written approval of the cost for the alternate means of data transmission from the Project Manager prior to placing the order with the subcontracted provider of the alternate means of transmission. Upon request, the Contractor shall provide a copy of the applicable invoice/bill.

6. Additional Attachment(s) to the Cost Proposal

Complete the following as appropriate:

- A. As part of the cost proposal, proposer:
- i. _____ has attached additional pricing information on the following _____ page(s).
 - ii. _____ has not attached additional any pricing information.

7. Certification

A. The undersigned is authorized to bind the proposer and certifies on the proposer’s behalf that the pricing offered is binding for at least forty-five (45) days following the deadline for proposal submission. Additionally, the undersigned certifies that the proposer and any proposed subcontractor has the financial capability to perform the work which is

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the subject of this solicitation and knows of no personal and/or organizational conflicts of interest prohibited under federal, state, and local law. The proposer certifies that its cost proposal is submitted in accordance with this solicitation and all issued addenda, if any, and that it agrees to sign the State's Agreement form, if awarded a contract.

Proposer: _____

Signature: _____

Title: _____

Date: _____