EXHIBIT 5

SUMMARY OF COSTS
Request for Proposal No. 18-04
Supplemental EAP Support Provider Services

NAME OF PROPOSER:_____

I. AFTER-HOURS CLINICAL BACK-UP SERVICES

	Per Employee Fee	Monthly Costs	Annual Costs
First Contract Year	$_____	$_____	$_____
Second Contract Year	$_____	$_____	$_____
Third Contract Year	$_____	$_____	$_____
Total for Initial Three Years			$_____

HOURLY RATES
To cover currently undefined services, please provide the hourly rates Contractor proposes to provide open-ended services.

PROFESSIONAL FEE RATES (LIST BY LABOR CATEGORY)	$ RATE RANGE PER HOUR
1) _____	$_____ TO $_____
2) _____	$_____ TO $_____
3) _____	$_____ TO $_____
4) _____	$_____ TO $_____

EXPENSES (No markup is permitted on expenses)

**Subcontractor for _____	$_____
**Subcontractor for _____	$_____
Administrative Fees----------	$_____
Training Fees ----------	$_____
_____----------	$_____
_____----------	$_____
_____----------	$_____

ALTERNATIVE FEE STRUCTURES:
(List options)

EXHIBIT 5

SUMMARY OF COSTS
Request for Proposal No. 18-04
Supplemental EAP Support Provider Services

NAME OF PROPOSER:_____

II. Work-Life Services:

	Per Employee Fee	Monthly Costs	Annual Costs
First Contract Year	$_____	$_____	$_____
Second Contract Year	$_____	$_____	$_____
Third Contract Year	$_____	$_____	$_____
Total for Initial Three Years			$_____

HOURLY RATES:
To cover currently undefined services, please provide the hourly rates Subcontractor proposes to provide open-ended services.

PROFESSIONAL FEE RATES (LIST BY LABOR CATEGORY)	$ RATE RANGE PER HOUR
1) _____	$_____ TO $_____
2) _____	$_____ TO $_____
3) _____	$_____ TO $_____
4) _____	$_____ TO $_____

EXPENSES (No markup is permitted on expenses)

**Subcontractor for _____	$_____
**Subcontractor for _____	$_____
Administrative ----------	$_____
Training ----------	$_____
Customized Website----------	$_____
_____ ----------	$_____
_____ ----------	$_____

ALTERNATIVE FEE STRUCTURES:
(List options)