

## **OFFICIAL BID PRICE SHEET**

Total cost must be inclusive of all costs associated with successful execution of all activities and deliverables for years one and two as specified in RFP# 710-20-0015.

DESCRIPTION/SERVICE	ANNUAL COST (Year One)	ANNUAL COST (Year Two)
External Quality Reviews – PASSE	\$	\$
External Quality Reviews – Dental Managed Care	\$	\$
TOTAL (Reviews year one and two)		\$

### **AUTHORIZATION SIGNATURE**

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name:	Date:
Signature:	Title:
Printed Name:	