


SIGNATURE PAGE
P-42-2022

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: Myers and Stauffer LC
(PRINT)

Preparer's Name: Timothy Guerrant, CPA
(PRINT)

Signature:  10/13/22
(DATE)


Address: 800 East 96th Street, Ste 200
Indianapolis, IN 46240

Telephone No.: 800.877.6927

Fax No.: 317.571.8481

E-Mail Address: tguerrant@mslc.com
***** (This should be the email where Contracts would be sent) *****

Contact Person: Timothy Guerrant, CPA

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)



Fee Arrangements (RFP Section III.E.)

In developing our fee arrangement, we have reviewed the complete RFP document including the County's standard terms and conditions.

Myers and Stauffer proposes a Fixed Price for the Development of the Hospital Fee Program and the Implementation of the Hospital Fee Program. The proposed fixed price is shown below and on the Price Proposal Sheet.

Task	Price
Development of the Hospital Fee Program	\$ 67,200.00
Implementation of the Hospital Fee Program	\$ 49,350.00
Total	\$ 116,550.00

REQUEST FOR PROPOSAL

TO PROVIDE CONSULTING SERVICES FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE COUNTY OPTION HOSPITAL FEE PROGRAM

PRICE PROPOSAL SHEET

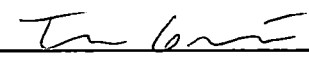
Consultant shall summarize their proposed fee arrangements using this Price Proposal Sheet. If Consultant requires additional space to state their fee arrangement, or if the proposed fee arrangement includes contingency/performance-based fees, then Consultant shall attach a separate sheet to this Price Proposal Sheet.

Description (Identify on the lines below for each Project Phase, whether the fee is Time and Material; Fixed Price; and/or Contingency/Performance Based)	Proposed Fees
A. Development of Hospital Fee Program:	\$67,200
Total Amount for Development of Hospital Fee Program	\$67,200
B. Implementation of Hospital Fee Program:	\$49,350
Total Amount for Implementation of Hospital Fee Program	\$49,350
Grand Total Amount for Development and Implementation of Hospital Fee Program	\$116,550

Consultant Name: Myers and Stauffer LC

Name of Authorized Officer: Timothy Guerrant, CPA

Title of Authorized Officer: Member

Signature of Authorized Officer: 

Date Signed: 10/13/22