EMERGENCY MEDICAL TECHNICIAN (EMT) COST AND PRICING PLAN

Proposer Name:			
Printed Name:		Title:	
Signature:		Date:	

	Service/Expense Type Charged to Client	COST AND PRICING PLAN		
		Contract Year 1 (Cost per Item)	**Contract Year 2 (Cost per Item)**	**Contract Year 3 (Cost per Item)**
1	EMT Hourly Rate - Regular Operation	$ -	$ -	$ -
2	EMT Hourly Rate - Special Events	$ -	$ -	$ -
3	EMT Hourly Rate - Overtime Rate (if applicable)*	$ -	$ -	$ -
4	Supplies and Materials (Annual Cost)**	$ -	$ -	$ -
5	Equipment (Annual Cost)**	$ -	$ -	$ -
6	First Aid/CPR Training (at least once a year)	$ -	$ -	$ -
	ESTIMATED Total Annual Cost for **Regular Operation** (8 hours/day X 363 days) including Labor, Supplies, Equipment & Training	$ -	$ -	$ -
	ESTIMATED Total Annual Cost for **Special Events** (5 hrs Special Events rate x 61 days) including Labor	$ -	$ -	$ -
	ESTIMATED Total Annual Cost for **Regular Operation + Special Events** including Labor, Supplies, Equipment & Training	**$ -**	**$ -**	**$ -**

a)* Define how overtime rate is applied, if applicable

b) **For Supplies, Materials, and Equipment Costs: provide cost details for Regular Operation and annual cost assumptions/scenarios for Special Events and Overtime in a separate document.

c) Enter the cost per item for each contract year in the respective cell

d) Add additional lines if needed and number each line sequentially

e) Submit this document with the proposal

PARAMEDIC COST AND PRICING PLAN

Proposer Name:			
Printed Name:		Title:	
Signature:		Date:	

	Service/Expense Type Charged to Client	COST AND PRICING PLAN		
		Contract Year 1 (Cost per Item)	**Contract Year 2 (Cost per Item)**	**Contract Year 3 (Cost per Item)**
1	Paramedic Hourly Rate - Regular Operation	$ -	$ -	$ -
2	Paramedic Hourly Rate - Special Events	$ -	$ -	$ -
3	Paramedic Hourly Rate - Overtime Rate (if applicable)*	$ -	$ -	$ -
4	Supplies and Materials (Annual Cost)**	$ -	$ -	$ -
5	Equipment (Annual Cost)**	$ -	$ -	$ -
6	First Aid/CPR Training (at least once a year)	$ -	$ -	$ -
	ESTIMATED Total Annual Cost for **Regular Operation** (8 hours/day X 363 days) including Labor, Supplies, Equipment & Training	$ -	$ -	$ -
	ESTIMATED Total Annual Cost for **Special Events** (5 hrs Special Events rate x 61 days) including Labor	$ -	$ -	$ -
	ESTIMATED Total Annual Cost for **Regular Operation + Special Events** including Labor, Supplies, Equipment & Training	**$ -**	**$ -**	**$ -**

a)* Define how overtime rate is applied, if applicable

b) **For Supplies, Materials, and Equipment Costs: provide cost details for Regular Operation and annual cost assumptions/scenarios for Special Events and Overtime in a separate document.

c) Enter the cost per item for each contract year in the respective cell

d) Add additional lines if needed and number each line sequentially

e) Submit this document with the proposal