|  |  |
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|  | **ATTCHMENT E - TABLE 1** **EQUIPMENT COSTS** |
| **Line Items**  | **Unit** | **Quantity** | **Unit Cost** | **Total Cost** |
| 1. **Push-to-talk over Cellular Mobile Radios & associated equipment**
 | **Each** | **40** |  |  |
| 1. **Handheld Radios and associated equipment**
 | **Each** | **4** |  |  |
| 1. **Cellular Service**
 | **Each** | **41** |  |  |
| 1. **Dispatch License**
 | **Each** | **12** |  |  |
| 1. **Other (specify and provide further detail below)**
 |  |  |  |  |
|  | **TOTAL** |  |
| **Other (COMMENTS)** **Required TO NOTE: TIME PERIOD THAT THESE COSTS AT VALID – SHALL BE FOR 60 DAYS AFTER SUBMITTAL OF THE PROPOSAL AND COST ESTIMATE.**  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |   |   |
| **Implementation** |   |  | **Total Cost** |
| 1. **Direct On-site set up, training, travel**
 |   |
| 1. **Other costs- cost not identified above but integral to implementation**
 |   |
|  |   |

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| **Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Attachment E - TABLE 2**

**Service Years**

|  |
| --- |
| **Service Years Annual Costs** |
| **Annual Fees** | **YEAR 1** | **Year 2 \*** | **Year 3\*** | **Year 4 \*** | **Year 5 \*** | **Year 6 \*** |
| Maintenance and support | NO COST INCLUDED IN EQUIPMENT COSTS  |   |   |   |   |  |
| Warranty  |   |   |   |   |  |
| Access to Platform |   |   |   |   |  |
| Cellular Service (40)  |   |   |   |   |  |
| Other:  |   |   |   |   |  |
|  |   |   |   |   |  |
|  |   |   |   |   |  |
|  |   |   |   |   |  |
|  |   |   |   |   |  |
| **Total:** |  |   |   |   |   |  |
|  |

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| **Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |
| **Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |
| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

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