

Line Item #	Item Description	Estimated Qty	Unit of Measure	Unit Price	Extended Amount
1	ALS Units for NICU Baby Transports *Per specifications in Attachment C Specify Region(s) Servicing: _____ Specify Number of available units per region: _____ *Unit of Measure "Each" represents a transport	40	Each	\$ _____	\$ _____
2	Mileage for ALS Units Specify dollar (\$) amount per mile: _____	20,000	Mile	\$ _____	\$ _____
3	AM Bus with 1 Driver and 1 EMT *Per specifications in Attachment C Specify Region(s) Servicing: _____ Specify Number of available units per region: _____ *Unit of Measure "Each" represents a transport	100	Each	\$ _____	\$ _____
4	Additional EMT for AM Bus Specify dollar (\$) amount per hour: _____	400	Hour	\$ _____	\$ _____
5	Additional Paramedic for AM Bus Specify dollar (\$) amount per hour: _____	400	Hour	\$ _____	\$ _____
6	Mileage for AM Bus Specify dollar (\$) amount per mile: _____	20,000	Mile	\$ _____	\$ _____
7	ALS Bariatric Transports *Per Specifications in Attachment C Specify Region(s) Servicing: _____ Specify Number of available units per region: _____ *Unit of Measure "Each" represents a transport	20	Each	\$ _____	\$ _____
8	BLS Bariatric Transports *Per Specifications in Attachment C Specify Region(s) Servicing: _____ Specify Number of available units per region: _____ *Unit of Measure "Each" represents a transport	20	Each	\$ _____	\$ _____
9	Mileage for Bariatric Transports Specify dollar (\$) amount per mile: _____	20,000	Mile	\$ _____	\$ _____
10	Wheelchair Van *Per Specifications in Attachment C Specify Region(s) Servicing: _____ Specify Number of available units per region: _____ *Unit of Measure "Each" represents a transport	200	Each	\$ _____	\$ _____
11	Mileage for Wheelchair Van Specify dollar (\$) amount per mile: _____	58,000	Mile	\$ _____	\$ _____

**NOTE: The following lines will be awarded as a group:
1-2, 3-6, 7-9, 10-11. The State reserves the right to reject individual line items from the award.**