ATTACHMENT 17

NEW YORK STATE | Department of Civil Service

Ad Hoc Consulting Services Cost Form
RFP entitled: "Actuarial and Benefits Management Consulting Services"

Offeror Name: _____

Fixed Hourly Rates					
Position Title	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5***
Principal	$	$	$	$	$
Lead Consultant	$	$	$	$	$
Consultant	$	$	$	$	$
Analyst	$	$	$	$	$

*Year 5 "Fixed All-Inclusive Cost per Report" applies to any consulting services performed or delivered for Contract Year 5, through the term of the Contract, including any extensions thereto.