

ATTACHMENT 19



Department of  
Civil Service

**Implementation Fee Form - RFP entitled:  
“New York State Health Insurance  
Program Decision Support System”**

**Offeror Name:** \_\_\_\_\_

Fixed Implementation Fee	\$
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Quote in the space provided the fixed implementation fee that will be payable in accordance with the terms of Section 6 of the RFP. An Offeror must quote a fixed, all-inclusive implementation fee, which must include the cost of development, personnel, hardware, software, training, and other costs incurred solely during the implementation period. The Department will not accept implementation fees with any variables or contingencies. An Offeror must fill in quotes in the space provided. The Department will not accept modifications to this attachment.