


ATTACHMENT 15

 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p>Department of Civil Service</p> </div>	<p>Administrative Fees Form - RFP entitled: “Healthcare Program Administrative Services Only (ASO)”</p>
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Offeror Name: _____

Proposed Annual Administrative Fees

	Year 1	Year 2	Year 3	Year 4	Year 5
Personal Service					
Non-Personal Service - Contractual Services					
Non-Personal Service - Supplies and Materials					
Non-Personal Service - Travel					
Non-Personal Service - Equipment					
Total					