

PRICE QUOTATION FORM
Addendum 1

Organization: _____ IFB No.: _____

For the purposes of this procurement, “unit rate” shall mean “hourly rate” inclusive of all applicable overhead, taxes, and fees.

Instructions: Bidders shall complete the tables below with appropriate unit rate, travel budget, and total position price for the physician consultant position requested.

The rate table shall be completed with the assumption that the position will not exceed 26 hours per week. Salary shall not exceed the Federal Executive Level II salary cap.

Staff shall not be required to perform services on holidays. Current observed holidays are outlined in Exhibit B, 2024-2025 State of Hawaii Government Observed Holidays.

Definitions:

Pay Rate – This is the hourly rate the assigned personnel would earn.

Taxes and Fees – This is the sum of overhead costs, and all applicable taxes and fees.

Total Unit Rate – This is the sum of the labor rate, overhead costs, and all applicable taxes and fees. This is the rate the Bidder would charge the STATE.

Annual Cost – This is the cost the Bidder would charge the STATE annually (not including travel) per position, inclusive of all applicable taxes, fees, and overhead. The formula used to calculate this is as follows: Total Unit Rate x 1,352 hours = Annual Cost

Total Travel Budget – This is the sum of all travel line items for four (4) intra-state trips and one (1) out-of-state trip.

Total Position Price – Annual Cost + Total Travel Budget = Total Position Price.

Standard Rate Table			
Position	Pay Rate (per hour)	Taxes and Fees (per hour)	Total Unit Rate (per hour)
Immunization Physician Consultant			

Travel may be required. The Bidder shall estimate the cost per trip taking into consideration the parameters set forth in Section 3, *Service Specifications: Temporary Staff Travel*.

The Travel Item Budget and Total per Trip shall be inclusive of all applicable taxes and fees. Please note: Variances in travel costs may be subject to change due to price fluctuations beyond the STATE’s and CONTRACTOR’s control, and shall be approved by the STATE in advance.

For cost evaluation purposes, four (4) intra-state overnight trips and one (1) out-of-state trip per position will be factored in when identifying the Bidder's total position price. Number of trips and is subject to change based on awarded bidder's staff location.

Intra-State Travel Rate Table	
Description	Travel Item Budget
Intra-State Airfare	
Intra-State Lodging - 1 night	
Intra-State Transportation (excluding airfare)	
Intra-State Per Diem - 2 days	
Total Intra-State Budget per Trip	

Out-of-State Travel Rate Table - Atlanta, GA	
Description	Travel Item Budget
Out-of-State Airfare	
Out-of-State Lodging - 4 nights	
Out-of-State Transportation (excluding airfare)	
Out-of-State Per Diem - 5 days	
Total Out-of-State Budget per Trip	

Total Travel Table	
Total Intra-State Travel Budget (4 trips)	
Total Out-of-State Travel Budget	
Total Travel Budget	

The below table shall reflect the total position price to be used.

Position	Total Unit Rate	Annual Cost	Total Travel Budget	Total Position Price
Immunization Physician Consultant				

Remarks (Optional):