STATE OF NORTH CAROLINA Department of Health & Human Services Office of Procurement & Contract Services	REQUEST FOR COST PROPSAL RFP 30-DHHS-1228-08-R
	Offers will be received until: 2:00 PM ET, September 23, 2008
	Contract Type: Agency Specific
Refer ALL Inquiries to: Susan W. Lewis **Telephone No.** (919) 855-4086 **E-Mail:** **Susan.Lewis@ncmail.net**	**Issue Date:** August 18, 2008 **Commodity:** 920-Data Processing Services and Software North Carolina Replacement Medicaid Management Information System
	Using Agency Name: NC DHHS
(See page 2 for mailing instructions.)	**Agency Requisition No.** N/A

NOTICE TO VENDOR Offers for furnishing and delivering the services as described in the RFP, subject to the conditions made a part hereof, will be received at this office, located at 801 Ruggles Drive, Raleigh, NC, until **2:00 pm** Eastern Daylight Savings Time on the day of opening and then opened. Refer to page 2 for proper mailing instructions. Proposal submission will not be accepted by electronic means.

EXECUTION

In compliance with this Request for Cost Proposal and subject to all the conditions herein, the undersigned offers and agrees to furnish and deliver any or all services which are offered, at the prices agreed upon and within the time specified in the Offeror's Technical Proposal. Pursuant to GS § 147-33.100 and under penalty of perjury, the undersigned Vendor certifies that this offer has not been arrived at collusively or otherwise in violation of Federal or North Carolina law and this offer is made without prior understanding, agreement, or connection with any firm, corporation, or person submitting an offer for the same services, and is in all respects fair and without collusion or fraud.

Failure to execute/sign the Cost offer prior to submittal shall render Cost Proposal invalid. Late offers are not acceptable.

VENDOR:		**FEDERAL ID OR SOCIAL SECURITY NO.**	
STREET ADDRESS:		**P.O. BOX:**	**ZIP:**
CITY & STATE & ZIP:		**TELEPHONE NUMBER:**	**TOLL FREE TEL. NO:**
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING:		**FAX NUMBER:**	
AUTHORIZED SIGNATURE:	**DATE:**	**E-MAIL:**	

The offer shall remain valid for so long as the Technical Proposal, as amended, remains valid.

ACCEPTANCE OF COST OFFER

If the State accepts any or all parts of this offer, an authorized representative of NC DHHS shall affix her/his signature to the Vendor's response to this Request for Cost Proposal. The acceptance shall include the response to this Request for Cost Proposal, and any provisions and requirements of the RFP which have not been superseded by this Request for Cost Proposal. These documents shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful Vendor(s).

FOR DHHS USE ONLY

Offer accepted and contract awarded this ____ day of _____, 2006, as indicated on attached certification,

by _____ (Authorized representative of DHHS).

Offeror: _____

MAILING INSTRUCTIONS: Please respond with two certified signed originals; three copies of the same, each with a signature facsimile; and ten electronic copies, each on a separate CD, each containing the complete Cost Proposal no later than **2:00 PM on September 23, 2008**, delivered in a sealed package with Company Name, **RFP 30-DHHS-1228-08-R Cost Proposal** clearly marked on the front to the address below.

DELIVERED BY US POSTAL SERVICE	DELIVERED BY ANY OTHER MEANS
NC Department of Health and Human Services	NC Department of Health and Human Services
Office of Procurement & Contract Services	Office of Procurement & Contract Services
Attn: Susan Lewis, Assistant Director	Attn: Susan Lewis, Assistant Director
2008 Mail Service Center	801 Ruggles Drive, Hoey Building
Raleigh, NC 27699-2008	Raleigh, NC 27603-2001

SOLICITATION REQUEST FOR COST PROPOSAL:

This request is to acquire a Cost Proposal from the Offeror who submitted Technical Proposals for RFP # 30-DHHS-1228-08-R. Your offer shall integrate the previous response to the RFP.

Written questions concerning this Request for Cost Proposal will be received until 2:00 p.m. Eastern Daylight Savings Time, on August 21, 2008. They must be sent via e-mail to: Susan Lewis (see page 1 of the coversheet). Please insert "RFP #30-DHHS-1228-08-R Request for Cost Proposal Questions" in the subject matter of your e-mail.

Note: This offer is still in the evaluation period. During this period and prior to award, possession of the Cost Proposal, Technical Proposal response, Updated Technical Proposal response, Technical Proposal Supplements, and accompanying information is limited to personnel of the NC Department of Health and Human Services, Office of Procurement and Contract Services, and to Divisions and Agencies responsible for participating in the evaluation. Offerors who attempt to gain this privileged information, or to influence the evaluation process (i.e. assist in evaluation) will be in violation of purchasing rules and their offer will not be further evaluated or considered.