

## OFFICIAL BID PRICE SHEET

Check nursing discipline for which you are bidding.

☐ LPN/LPTN only

☐ CNA only

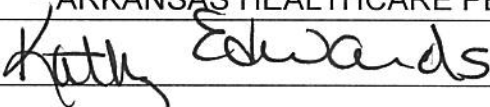
☒ LPN/LPTN and CNA

Respondent proposes to do the work described in the "Scope of Work" of this IFB at the following proposed rate during the anticipated contract period:

Nursing Discipline	Estimated Monthly Hours	Hourly Rate	Total (Est. Annual Hours X's Hourly rate)
Licensed Practical Nurse (LPN) or (LPTN)	3,601	\$ 33.85	\$ 1,462,726.20
Certified Nurse Assistant (CNA)	3,967	\$21.00	\$ 999,684.00
GRAND TOTAL			\$ 2,462,410.20

### AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

<b>Vendor Name:</b> ARKANSAS HEALTHCARE PERSONNEL INC	<b>Date:</b> 05/01/20020
<b>Signature:</b> 	<b>Title:</b> PRESIDENT/CEO
<b>Printed Name:</b> KATHY EDWARDS	

**ARKANSAS HEALTHCARE PERSONNEL**

**PRICE JUSTIFICATION**

**BID#710-20-2029**

**LPN'S**

**BID RATE TO AHC: \$33.85**

**AHP LPN PAY RATE: \$25.00**

**PAYROLL TAXES: \$1.84**

**OVERHEAD COST: \$5.50**

**PROFIT: \$1.51**

**CNA'S**

**BID RATE TO AHC: \$21.00**

**AHP CNA PAY RATE: \$14.00**

**PAYROLL TAXES: \$1.08**

**OVERHEAD COSTS: \$5.50**

**PROFIT: \$0.42**

**\*\*\*OVERHEAD COST INCLUDES: Office costs, Workers Comp, Liability Insurance., Unemployment Insurance, etc.**