*Offeror shall complete the following and provide an estimated cost per year that will be reimbursed.*

The Contractor shall be paid on a Cost Reimbursement Basis in accordance with the terms of this Contract and the funding guidelines set forth by the grant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1  (Initial Contract Term) | Year 2 (Extension Option #1) | Year 3 (Extension Option #2) | Year 4 (Extension Option #3) | Year 5 (Extension Option #4) |
| **Recruitment, event coordination and training activities to include, but not limited to:**   * Outreach efforts to identify, screen and recruit individuals statewide to participate in multi-system involvement with AHCCCS, * Develop person-centered, culturally appropriate training to prepare peer and family members to successfully participate in AHCCCS projects, * Coordinate trainings, meetings, focus groups, workgroups, and other events approved by AHCCCS. | **$**  **Per Hour** | **$**  **Per Hour** | **$**  **Per Hour** | **$**  **Per Hour** | **$**  **Per Hour** |
| **Compensation of peers and family members for their participation including but not limited to:**   * Trainings, focus groups, curriculum development, work groups, health fairs, advisory boards, committees, conferences, meetings, and seminars, which will be documented through participation sign in sheets which shall include demographic information. | **$**  **Per Hour** | **$**  **Per Hour** | **$**  **Per Hour** | **$**  **Per Hour** | **$**  **Per Hour** |