

## Voucher Form for Cost Reimbursement ESRD Networks

1. RFP Number:	2. Name and Address of ESRD Network					
MEDICARE COSTS	5. NETWORK QUALITY IMPROVEMENT PROGRAM			6. COMMUNITY INFO. & RESOURCES		
		(Task 1)		(Tasks 2)		
	# of HOURS	HOURLY RATE	COSTS	# of HOURS	HOURLY RATE	COSTS
<b>a. Direct Labor</b>						
1. Project Director/Executive Director	0	\$ -	\$ -	0	\$ -	\$ -
2. Quality Improvement Manager (RN)	0	\$ -	\$ -	0	\$ -	\$ -
3. RN (Nephrology exp.)	0	\$ -	\$ -	0	\$ -	\$ -
4. Office Mgr/Bookkeeper	0	\$ -	\$ -	0	\$ -	\$ -
5. Data/Info Systems Manager	0	\$ -	\$ -	0	\$ -	\$ -
6. Data Entry & Tracking Clerical Supp.	0	\$ -	\$ -	0	\$ -	\$ -
7. Community Outreach Coordinator	0	\$ -	\$ -	0	\$ -	\$ -
8. Admin Assistant/Secretary	0	\$ -	\$ -	0	\$ -	\$ -
9. Clerical (non-data clerks, recept., etc)	0	\$ -	\$ -	0	\$ -	\$ -
10. Patient Services Coordinator	0	\$ -	\$ -	0	\$ -	\$ -
<b>ADDITIONAL POSITIONS</b>						
11.	0	\$ -	\$ -	0	\$ -	\$ -
12.	0	\$ -	\$ -	0	\$ -	\$ -
13.	0	\$ -	\$ -	0	\$ -	\$ -
14.	0	\$ -	\$ -	0	\$ -	\$ -
<b>TEMP. LABOR</b>						
a.	0	\$ -	\$ -	0	\$ -	\$ -
b.	0	\$ -	\$ -	0	\$ -	\$ -
c.	0	\$ -	\$ -	0	\$ -	\$ -
<b>Subtotal Direct Labor</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>
b. Leave	0		\$ -	0		\$ -
c. Fringe Benefits			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0		\$ -	0		\$ -
<b>d. Subcontracts:</b>						
1. Physician/MRB Reviewers	0	\$ -	\$ -	0		\$ -
2. Other Consultants						
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Subcontracts	0		\$ -	0		\$ -
e. Travel			\$ -			\$ -
f. Other Direct Costs			\$ -			\$ -
SUBTOTAL - DIRECT	0		\$ -	0		\$ -
<b>g. G&amp;A</b>			\$ -			\$ -
1. Rent			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -
4. Insurance			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -
<b>TOTAL COSTS</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>
j. Fee			\$ -			\$ -
<b>TOTAL COSTS WITH FEE</b>	<b> </b>	<b>\$ -</b>	<b>\$ -</b>	<b> </b>	<b>\$ -</b>	<b>\$ -</b>

### Voucher Form for Cost Reimbursement ESRD Networks

1. RFP Number:	3. ESRD Network # :			4. Month Covered by Voucher:					
	7. ADMINISTRATION			8. INFORMATION MANAGEMENT			9. SPECIAL PROJECTS		
MEDICARE COSTS									
		(Task 3)			(Task 4)			(Task 5)	
	# of HOURS	HOURLY RATE	COSTS	# of HOURS	HOURLY RATE	COSTS	# of HOURS	HOURLY RATE	COSTS
<b>a. Direct Labor</b>									
1. Project Director/Executive Director	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
2. Quality Improvement Manager (RN)	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
3. RN (Nephrology exp.)	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
4. Office Mgr/Bookkeeper	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
5. Data/Info Systems Manager	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
6. Data Entry & Tracking Clerical Supp.	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
7. Community Outreach Coordinator	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
8. Admin Assistant/Secretary	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
9. Clerical (non-data clerks, recept., etc)	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
10. Patient Services Coordinator	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
<b>ADDITIONAL POSITIONS</b>									
11.	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
12.	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
13.	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
14.	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
<b>TEMP. LABOR</b>									
a.	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
b.	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
c.	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
<b>Subtotal Direct Labor</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>
b. Leave	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
c. Fringe Benefits	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Leave / Fringe	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
<b>d. Subcontracts:</b>									
1. Physician/MRB Reviewers	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
2. Other Consultants	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Subcontracts	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
e. Travel	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
f. Other Direct Costs	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - DIRECT	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
<b>g. G&amp;A</b>									
1. Rent	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
2. Furniture & Equipment	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
3. Telephone Expenses	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
4. Insurance	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
5. Other (attach schedule)	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
<b>TOTAL COSTS</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>
j. Fee	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
<b>TOTAL COSTS WITH FEE</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>



1. RFP Number: 0	2. Name and Address of ESRD Network 0 0 0					
SIMS CONTRACT	5. ADMIN, PROJECT MGMT. & COMM.			6. CMS REQUIRED SYSTEMS ARCHITECT. SUPPORT		
	SIMS Task 1			SIMS Task 2		
	#.of HOURS	HRLY RATE	COSTS	HOURS	HRLY RATE	COSTS
<b>a. Direct Labor</b>						
1. Project Director/Executive Director	0.00	\$ -	\$ -	0.00	\$ -	\$ -
2. Quality Improvement Manager (RN)	0.00	\$ -	\$ -	0.00	\$ -	\$ -
3. RN (Nephrology exp.)	0.00	\$ -	\$ -	0.00	\$ -	\$ -
4. Office Mgr/Bookkeeper	0.00	\$ -	\$ -	0.00	\$ -	\$ -
5. Data/Info Systems Manager	0.00	\$ -	\$ -	0.00	\$ -	\$ -
6. Data Entry & Tracking Clerical Supp.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
7. Community Outreach Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -
8. Admin Assistant/Secretary	0.00	\$ -	\$ -	0.00	\$ -	\$ -
9. Clerical (non-data clerks, receipt., etc)	0.00	\$ -	\$ -	0.00	\$ -	\$ -
10. Patient Services Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>ADDITIONAL POSITIONS</b>						
11.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
12.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
13.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
14.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>TEMP. LABOR</b>						
a.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
b.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
c.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>Subtotal Direct Labor</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>
b. Leave	0.00		\$ -	0.00		\$ -
c. Fringe Benefits			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0.00		\$ -	0.00		\$ -
<b>d. Subcontracts:</b>						
1. Physician/MRB Reviewers	0.00	\$ -	\$ -	0.00	\$ -	\$ -
2. Other Consultants						
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Subcontracts	0.00		\$ -	0.00		\$ -
e. Travel			\$ -			\$ -
f. Other Direct Costs			\$ -			\$ -
SUBTOTAL - DIRECT	0.00		\$ -	0.00		\$ -
<b>g. Indirect Costs</b>						
1. Rent			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -
4. Insurance			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -
TOTAL COSTS	0.00		\$ -	0.00		\$ -
j. Fee			\$ -			\$ -
TOTAL COSTS WITH FEE			\$ -			\$ -

1. RFP Number: 0	3.ESRD Network # : 0	4.Month Covered by Voucher: 0
SIMS CONTRACT	7. REIMBURSEMENTS AND PROCUREMENTS	8. ESRD NW INFO. TECH INFRASTRUCTURE SUPPORT ACTIVITIES
	SIMS Task 3 HOURS HRLY RATE COSTS	SIMS Task 4 HOURS HRLY RATE COSTS
<b>a. Direct Labor</b>		
1. Project Director/Executive Director	0.00 \$ - \$ -	0.00 \$ - \$ -
2. Quality Improvement Manager (RN)	0.00 \$ - \$ -	0.00 \$ - \$ -
3. RN (Nephrology exp.)	0.00 \$ - \$ -	0.00 \$ - \$ -
4. Office Mgr/Bookkeeper	0.00 \$ - \$ -	0.00 \$ - \$ -
5. Data/Info Systems Manager	0.00 \$ - \$ -	0.00 \$ - \$ -
6. Data Entry & Tracking Clerical Supp.	0.00 \$ - \$ -	0.00 \$ - \$ -
7. Community Outreach Coordinator	0.00 \$ - \$ -	0.00 \$ - \$ -
8. Admin Assistant/Secretary	0.00 \$ - \$ -	0.00 \$ - \$ -
9. Clerical (non-data clerks, receipt., etc)	0.00 \$ - \$ -	0.00 \$ - \$ -
10. Patient Services Coordinator	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>ADDITIONAL POSITIONS</b>		
11.	0.00 \$ - \$ -	0.00 \$ - \$ -
12.	0.00 \$ - \$ -	0.00 \$ - \$ -
13.	0.00 \$ - \$ -	0.00 \$ - \$ -
14.	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>TEMP. LABOR</b>		
a.	0.00 \$ - \$ -	0.00 \$ - \$ -
b.	0.00 \$ - \$ -	0.00 \$ - \$ -
c.	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>Subtotal Direct Labor</b>	<b>0.00 \$ - \$ -</b>	<b>0.00 \$ - \$ -</b>
b. Leave	0.00 \$ - \$ -	0.00 \$ - \$ -
c. Fringe Benefits	\$ - \$ -	\$ - \$ -
SUBTOTAL - Leave / Fringe	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>d. Subcontracts:</b>		
1. Physician/MRB Reviewers	0.00 \$ - \$ -	0.00 \$ - \$ -
2. Other Consultants		
a. NAME	0 \$ - \$ -	0 \$ - \$ -
b. NAME	0 \$ - \$ -	0 \$ - \$ -
c. NAME	0 \$ - \$ -	0 \$ - \$ -
d. NAME	0 \$ - \$ -	0 \$ - \$ -
e. NAME	0 \$ - \$ -	0 \$ - \$ -
3. Other Subcontractors	0 \$ - \$ -	0 \$ - \$ -
SUBTOTAL - Subcontracts	0.00 \$ - \$ -	0.00 \$ - \$ -
e. Travel	\$ - \$ -	\$ - \$ -
f. Other Direct Costs	\$ - \$ -	\$ - \$ -
SUBTOTAL - DIRECT	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>g. Indirect Costs</b>		
1. Rent	\$ - \$ -	\$ - \$ -
2. Furniture & Equipment	\$ - \$ -	\$ - \$ -
3. Telephone Expenses	\$ - \$ -	\$ - \$ -
4. Insurance	\$ - \$ -	\$ - \$ -
5. Other (attach schedule)	\$ - \$ -	\$ - \$ -
TOTAL COSTS	0.00 \$ - \$ -	0.00 \$ - \$ -
j. Fee	\$ - \$ -	\$ - \$ -
TOTAL COSTS WITH FEE	\$ - \$ -	\$ - \$ -

1. RFP Number:									
	0								
SIMS CONTRACT	9. SIMS APPLICATION DEVELOPMENT & MAINTENANCE			10. VISION APPL. DEVELOPMENT & MAINTENANCE			11. CLINICAL PERF. MEASURES (CPM) SUPPORT		
	SIMS Task 5			SIMS Task 6			SIMS Task 7		
	HOURS	HLRLY RATE	COSTS	HOURS	HLRLY RATE	COSTS	HOURS	HLRLY RATE	COSTS
<b>a. Direct Labor</b>									
1. Project Director/Executive Director	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
2. Quality Improvement Manager (RN)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
3. RN (Nephrology exp.)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
4. Office Mgr/Bookkeeper	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
5. Data/Info Systems Manager	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
6. Data Entry & Tracking Clerical Supp.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
7. Community Outreach Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
8. Admin Assistant/Secretary	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
9. Clerical (non-data clerks, receipt., etc)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
10. Patient Services Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>ADDITIONAL POSITIONS</b>									
11.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
12.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
13.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
14.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>TEMP. LABOR</b>									
a.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
b.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
c.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>Subtotal Direct Labor</b>	<b>0.00</b>			<b>0.00</b>			<b>0.00</b>		
b. Leave	0.00		\$ -	0.00		\$ -	0.00		\$ -
c. Fringe Benefits			\$ -			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0.00		\$ -	0.00		\$ -	0.00		\$ -
<b>d. Subcontracts:</b>									
1. Physician/MRB Reviewers	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
2. Other Consultants									
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Subcontracts	0.00		\$ -	0.00		\$ -	0.00		\$ -
e. Travel			\$ -			\$ -			\$ -
f. Other Direct Costs			\$ -			\$ -			\$ -
SUBTOTAL - DIRECT	0.00		\$ -	0.00		\$ -	0.00		\$ -
<b>g. Indirect Costs</b>			\$ -			\$ -			\$ -
1. Rent			\$ -			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -			\$ -
4. Insurance			\$ -			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -			\$ -
<b>TOTAL COSTS</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>
j. Fee			\$ -			\$ -			\$ -
<b>TOTAL COSTS WITH FEE</b>			<b>\$ -</b>			<b>\$ -</b>			<b>\$ -</b>

1. RFP Number: 0												
SIMS CONTRACT	12. SUPPORT FOR FISTULA FIRST BREAKTHROUGH INT.			13. PHASE II OF THE ESRD REPORTING TOOL PROJECT			14. MONTHLY TOTAL		15. CUMULATIVE TOTAL TO DATE			
	SIMS Task 8			SIMS Task 9			HOURS	COSTS	HOURS	COSTS		
	HOURS	HRLY RATE	COSTS	HOURS	HRLY RATE	COSTS						
<b>a. Direct Labor</b>												
1. Project Director/Executive Director	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
2. Quality Improvement Manager (RN)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
3. RN (Nephrology exp.)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
4. Office Mgr/Bookkeeper	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
5. Data/Info Systems Manager	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
6. Data Entry & Tracking Clerical Supp.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
7. Community Outreach Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
8. Admin Assistant/Secretary	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
9. Clerical (non-data clerks, receipt., etc)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
10. Patient Services Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
<b>ADDITIONAL POSITIONS</b>												
11.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
12.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
13.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
14.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
<b>TEMP. LABOR</b>												
a.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
b.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
c.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
<b>Subtotal Direct Labor</b>	<b>0.00</b>			<b>0.00</b>			<b>0.00</b>		<b>0.00</b>			
b. Leave	0.00		\$ -	0.00		\$ -	0.00	\$ -	0.00	\$ -		
c. Fringe Benefits			\$ -			\$ -		\$ -		\$ -		
SUBTOTAL - Leave / Fringe	0.00		\$ -	0.00		\$ -	0.00	\$ -	0.00	\$ -		
<b>d. Subcontracts:</b>												
1. Physician/MRB Reviewers	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -		
2. Other Consultants												
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -		
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -		
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -		
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -		
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -		
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -		
SUBTOTAL - Subcontracts	0.00		\$ -	0.00		\$ -	0.00	\$ -	0.00	\$ -		
e. Travel			\$ -			\$ -		\$ -		\$ -		
f. Other Direct Costs			\$ -			\$ -		\$ -		\$ -		
SUBTOTAL - DIRECT	0.00		\$ -	0.00		\$ -	0.00	\$ -	0.00	\$ -		
<b>g. Indirect Costs</b>			\$ -			\$ -		\$ -		\$ -		
1. Rent			\$ -			\$ -		\$ -		\$ -		
2. Furniture & Equipment			\$ -			\$ -		\$ -		\$ -		
3. Telephone Expenses			\$ -			\$ -		\$ -		\$ -		
4. Insurance			\$ -			\$ -		\$ -		\$ -		
5. Other (attach schedule)			\$ -			\$ -		\$ -		\$ -		
<b>TOTAL COSTS</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>		
j. Fee			\$ -			\$ -		\$ -		\$ -		
<b>TOTAL COSTS WITH FEE</b>			<b>\$ -</b>			<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		

1. RFP Number: 0	2. Name and Address of ESRD Network 0 0 0					
CONTRACTS COMBINED	5. NETWORK QUALITY IMPROVEMENT PROGRAM			6. COMMUNITY INFO. & RESOURCES		
	<u># of HOURS</u>	(Task 1) <u>HOURLY RATE</u>	<u>_COSTS_</u>	<u># of HOURS</u>	(Tasks 2) <u>HOURLY RATE</u>	<u>_COSTS_</u>
<b>a. Direct Labor</b>	0	0	0	0	0	0
1. Project Director/Executive Director	0	0	0	0	0	0
2. Quality Improvement Manager (RN)	0	0	0	0	0	0
3. RN (Nephrology exp.)	0	0	0	0	0	0
4. Office Mgr/Bookkeeper	0	0	0	0	0	0
5. Data/Info Systems Manager	0	0	0	0	0	0
6. Data Entry & Tracking Clerical Supp.	0	0	0	0	0	0
7. Community Outreach Coordinator	0	0	0	0	0	0
8. Admin Assistant/Secretary	0	0	0	0	0	0
9. Clerical (non-data clerks, receipt., etc)	0	0	0	0	0	0
10. Patient Services Coordinator	0	0	0	0	0	0
ADDITIONAL POSITIONS	0	0	0	0	0	0
11.	0	0	0	0	0	0
12.	0	0	0	0	0	0
13.	0	0	0	0	0	0
14.	0	0	0	0	0	0
TEMP. LABOR	0	0	0	0	0	0
a.	0	0	0	0	0	0
b.	0	0	0	0	0	0
c.	0	0	0	0	0	0
#REF!	0	0	0	0	0	0
b. Leave	0	0	0	0	0	0
c. Fringe Benefits	0	0	0	0	0	0
SUBTOTAL - Leave / Fringe	0	0	0	0	0	0
	0	0	0	0	0	0
<b>d. Subcontracts:</b>	0	0	0	0	0	0
1. Physician/MRB Reviewers	0	0	0	0	0	0
2. Other Consultants	0	0	0	0	0	0
a. NAME	0	0	0	0	0	0
b. NAME	0	0	0	0	0	0
c. NAME	0	0	0	0	0	0
d. NAME	0	0	0	0	0	0
e. NAME	0	0	0	0	0	0
3. Other Subcontractors	0	0	0	0	0	0
SUBTOTAL - Subcontracts	0	0	0	0	0	0
	0	0	0	0	0	0
e. Travel	0	0	0	0	0	0
f. Other Direct Costs	0	0	0	0	0	0
SUBTOTAL - DIRECT	0	0	0	0	0	0
	0	0	0	0	0	0
<b>g. Indirect Costs</b>	0	0	0	0	0	0
1. Rent	0	0	0	0	0	0
2. Furniture & Equipment	0	0	0	0	0	0
3. Telephone Expenses	0	0	0	0	0	0
4. Insurance	0	0	0	0	0	0
5. Other (attach schedule)	0	0	0	0	0	0
	0	0	0	0	0	0
TOTAL COSTS	0	0	0	0	0	0
j. Fee	0	0	0	0	0	0
	0	0	0	0	0	0
TOTAL COSTS WITH FEE	0	0	0	0	0	0



1. RFP Number: 0	3.ESRD Network # : 0	4.Month Covered by Voucher: 0					
CONTRACTS COMBINED	7. ADMINISTRATION	8. INFORMATION MANAGEMENT					
		(Task 3)			(Task 4)		
	<u># of HOURS</u>	<u>HOURLY RATE</u>	<u>COSTS</u>	<u># of HOURS</u>	<u>HOURLY RATE</u>	<u>COSTS</u>	
<b>a. Direct Labor</b>	0	0	0	0	0	0	
1. Project Director/Executive Director	0	0	0	0	0	0	
2. Quality Improvement Manager (RN)	0	0	0	0	0	0	
3. RN (Nephrology exp.)	0	0	0	0	0	0	
4. Office Mgr/Bookkeeper	0	0	0	0	0	0	
5. Data/Info Systems Manager	0	0	0	0	0	0	
6. Data Entry & Tracking Clerical Supp.	0	0	0	0	0	0	
7. Community Outreach Coordinator	0	0	0	0	0	0	
8. Admin Assistant/Secretary	0	0	0	0	0	0	
9. Clerical (non-data clerks, receipt., etc)	0	0	0	0	0	0	
10. Patient Services Coordinator	0	0	0	0	0	0	
ADDITIONAL POSITIONS	0	0	0	0	0	0	
11.	0	0	0	0	0	0	
12.	0	0	0	0	0	0	
13.	0	0	0	0	0	0	
14.	0	0	0	0	0	0	
TEMP. LABOR	0	0	0	0	0	0	
a.	0	0	0	0	0	0	
b.	0	0	0	0	0	0	
c.	0	0	0	0	0	0	
#REF!	0	0	0	0	0	0	
b. Leave	0	0	0	0	0	0	
c. Fringe Benefits	0	0	0	0	0	0	
SUBTOTAL - Leave / Fringe	0	0	0	0	0	0	
	0	0	0	0	0	0	
<b>d. Subcontracts:</b>	0	0	0	0	0	0	
1. Physician/MRB Reviewers	0	0	0	0	0	0	
2. Other Consultants	0	0	0	0	0	0	
a. NAME	0	0	0	0	0	0	
b. NAME	0	0	0	0	0	0	
c. NAME	0	0	0	0	0	0	
d. NAME	0	0	0	0	0	0	
e. NAME	0	0	0	0	0	0	
3. Other Subcontractors	0	0	0	0	0	0	
SUBTOTAL - Subcontracts	0	0	0	0	0	0	
	0	0	0	0	0	0	
e. Travel	0	0	0	0	0	0	
f. Other Direct Costs	0	0	0	0	0	0	
SUBTOTAL - DIRECT	0	0	0	0	0	0	
	0	0	0	0	0	0	
<b>g. Indirect Costs</b>	0	0	0	0	0	0	
1. Rent	0	0	0	0	0	0	
2. Furniture & Equipment	0	0	0	0	0	0	
3. Telephone Expenses	0	0	0	0	0	0	
4. Insurance	0	0	0	0	0	0	
5. Other (attach schedule)	0	0	0	0	0	0	
	0	0	0	0	0	0	
TOTAL COSTS	0	0	0	0	0	0	
j. Fee	0	0	0	0	0	0	
	0	0	0	0	0	0	
TOTAL COSTS WITH FEE	0	0	0	0	0	0	

1. RFP Number: 0						
CONTRACTS COMBINED	9. SPECIAL PROJECTS			10. ADMIN, PROJECT MGMT. & COMM.		
	(Task 5)			SIMS Task 1		
	# of HOURS	HOURLY RATE	COSTS	# of HOURS	HRLY RATE	COSTS
<b>a. Direct Labor</b>	0	0	0	0.00	0.00	0.00
1. Project Director/Executive Director	0	0	0	0.00	0.00	0.00
2. Quality Improvement Manager (RN)	0	0	0	0.00	0.00	0.00
3. RN (Nephrology exp.)	0	0	0	0.00	0.00	0.00
4. Office Mgr/Bookkeeper	0	0	0	0.00	0.00	0.00
5. Data/Info Systems Manager	0	0	0	0.00	0.00	0.00
6. Data Entry & Tracking Clerical Supp.	0	0	0	0.00	0.00	0.00
7. Community Outreach Coordinator	0	0	0	0.00	0.00	0.00
8. Admin Assistant/Secretary	0	0	0	0.00	0.00	0.00
9. Clerical (non-data clerks, receipt., etc)	0	0	0	0.00	0.00	0.00
10. Patient Services Coordinator	0	0	0	0.00	0.00	0.00
ADDITIONAL POSITIONS	0	0	0	0.00	0.00	0.00
11.	0	0	0	0.00	0.00	0.00
12.	0	0	0	0.00	0.00	0.00
13.	0	0	0	0.00	0.00	0.00
14.	0	0	0	0.00	0.00	0.00
TEMP. LABOR	0	0	0	0.00	0.00	0.00
a.	0	0	0	0.00	0.00	0.00
b.	0	0	0	0.00	0.00	0.00
c.	0	0	0	0.00	0.00	0.00
#REF!	0	0	0	0.00	0.00	0.00
b. Leave	0	0	0	0.00	0.00	0.00
c. Fringe Benefits	0	0	0	0.00	0.00	0.00
SUBTOTAL - Leave / Fringe	0	0	0	0.00	0.00	0.00
	0	0	0	0.00	0.00	0.00
<b>d. Subcontracts:</b>	0	0	0	0.00	0.00	0.00
1. Physician/MRB Reviewers	0	0	0	0.00	0.00	0.00
2. Other Consultants	0	0	0	0.00	0.00	0.00
a. NAME	0	0	0	0.00	0.00	0.00
b. NAME	0	0	0	0.00	0.00	0.00
c. NAME	0	0	0	0.00	0.00	0.00
d. NAME	0	0	0	0.00	0.00	0.00
e. NAME	0	0	0	0.00	0.00	0.00
3. Other Subcontractors	0	0	0	0.00	0.00	0.00
SUBTOTAL - Subcontracts	0	0	0	0.00	0.00	0.00
	0	0	0	0.00	0.00	0.00
e. Travel	0	0	0	0.00	0.00	0.00
f. Other Direct Costs	0	0	0	0.00	0.00	0.00
SUBTOTAL - DIRECT	0	0	0	0.00	0.00	0.00
	0	0	0	0.00	0.00	0.00
<b>g. Indirect Costs</b>	0	0	0	0.00	0.00	0.00
1. Rent	0	0	0	0.00	0.00	0.00
2. Furniture & Equipment	0	0	0	0.00	0.00	0.00
3. Telephone Expenses	0	0	0	0.00	0.00	0.00
4. Insurance	0	0	0	0.00	0.00	0.00
5. Other (attach schedule)	0	0	0	0.00	0.00	0.00
	0	0	0	0.00	0.00	0.00
TOTAL COSTS	0	0	0	0.00	0.00	0.00
j. Fee	0	0	0	0.00	0.00	0.00
	0	0	0	0.00	0.00	0.00
TOTAL COSTS WITH FEE	0	0	0	0.00	0.00	0.00

1. RFP Number: 0									
CONTRACTS COMBINED	11. CMS REQUIRED SYSTEMS ARCHITECT. SUPPORT			12. REIMBURSEMENTS AND PROCUREMENTS			13. ESRD NW INFO. TECH INFRASTRUCTURE SUPPORT ACTIVITIES		
	SIMS Task 2 HOURS HRLY RATE COSTS			SIMS Task 3 HOURS HRLY RATE COSTS			SIMS Task 4 HOURS HRLY RATE COSTS		
<b>a. Direct Labor</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Project Director/Executive Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Quality Improvement Manager (RN)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. RN (Nephrology exp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Office Mgr/Bookkeeper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Data/Info Systems Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Data Entry & Tracking Clerical Supp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Community Outreach Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Admin Assistant/Secretary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Clerical (non-data clerks, receipt., etc)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Patient Services Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADDITIONAL POSITIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TEMP. LABOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
#REF!	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. Leave	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Leave / Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>d. Subcontracts:</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Physician/MRB Reviewers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Other Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Other Subcontractors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Subcontracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. Other Direct Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - DIRECT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>g. Indirect Costs</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Furniture & Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Telephone Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Other (attach schedule)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
j. Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS WITH FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

1. RFP Number: 0									
CONTRACTS COMBINED	14. SIMS APPLICATION DEVELOPMENT & MAINTENANCE			15. VISION APPL. DEVELOPMENT & MAINTENANCE			16. CLINICAL PERF. MEASURES (CPM) SUPPORT		
	SIMS Task 5 HOURS HRLY RATE COSTS			SIMS Task 6 HOURS HRLY RATE COSTS			SIMS Task 7 HOURS HRLY RATE COSTS		
<b>a. Direct Labor</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Project Director/Executive Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Quality Improvement Manager (RN)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. RN (Nephrology exp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Office Mgr/Bookkeeper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Data/Info Systems Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Data Entry & Tracking Clerical Supp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Community Outreach Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Admin Assistant/Secretary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Clerical (non-data clerks, receipt., etc)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Patient Services Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADDITIONAL POSITIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TEMP. LABOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
#REF!	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. Leave	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Leave / Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>d. Subcontracts:</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Physician/MRB Reviewers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Other Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Other Subcontractors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Subcontracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. Other Direct Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - DIRECT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>g. Indirect Costs</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Furniture & Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Telephone Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Other (attach schedule)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
j. Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS WITH FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

1. RFP Number: 0										
CONTRACTS COMBINED	17. SUPPORT FOR FISTULA FIRST BREAKTHROUGH INT.			18. PHASE II OF THE ESRD REPORTING TOOL PROJECT			19. MONTHLY TOTAL		20. CUMULATIVE TOTAL TO DATE	
	SIMS Task 8			SIMS Task 9						
	HOURS	HRLY RATE	COSTS	HOURS	HRLY RATE	COSTS	HOURS	COSTS	HOURS	COSTS
<b>a. Direct Labor</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Project Director/Executive Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Quality Improvement Manager (RN)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. RN (Nephrology exp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Office Mgr/Bookkeeper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Data/Info Systems Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Data Entry & Tracking Clerical Supp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Community Outreach Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Admin Assistant/Secretary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Clerical (non-data clerks, receipt., etc)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Patient Services Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADDITIONAL POSITIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TEMP. LABOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
#REF!	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. Leave	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Leave / Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>d. Subcontracts:</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Physician/MRB Reviewers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Other Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Other Subcontractors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Subcontracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. Other Direct Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - DIRECT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>g. Indirect Costs</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Furniture & Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Telephone Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Other (attach schedule)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
j. Fee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS WITH FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00