

QUALITY IMPROVEMENT ORGANIZATION 7th SOW BUSINESS PROPOSAL SUMMARY
CENTERS FOR MEDICARE and MEDICAID SERVICES

1. Name and Address of QIO Organization							3. RFP #		
							4: Proposed Contract Period		
2. QIO Area (State):							From:		
							To:		
	Medicare Contract			5. Total Proposed Costs	6. CMS Recommended Costs	7. \$ Difference	8. % Difference		
Direct Cost									
a. LABOR:									
1. Professional				#REF!	\$0	#REF!	#REF!		
2. Information Systems				#REF!	\$0	#REF!	#REF!		
3. Corporate Management				#REF!	\$0	#REF!	#REF!		
4. Support Staff				#REF!	\$0	#REF!	#REF!		
SUBTOTAL - Direct Labor				#REF!	\$0	#REF!	#REF!		
b. Leave				#REF!	\$0	#REF!	#REF!		
c. Fringe Benefits				#REF!	\$0	#REF!	#REF!		
SUBTOTAL - Leave/Fringe				#REF!	\$0	#REF!	#REF!		
d. Subcontractors									
1. Physician Reviewers/Phys.Advisors				#REF!	\$0	#REF!	#REF!		
2. Other Consultants				#REF!	\$0	#REF!	#REF!		
3. Other Subcontracts				#REF!	\$0	#REF!	#REF!		
SUBTOTAL - Subcontractors				#REF!	\$0	#REF!	#REF!		
e. Travel				#REF!	\$0	#REF!	#REF!		
f. Other Direct Costs				#REF!	\$0	#REF!	#REF!		
SUBTOTAL - DIRECT				#REF!	\$0	#REF!	#REF!		
g. Indirect Costs				#REF!	\$0	#REF!	#REF!		
h. Pass-thru Costs				#REF!	\$0	#REF!	#REF!		
TOTAL COSTS				#REF!	\$0	#REF!	#REF!		
i. Fee				#REF!	\$0	#REF!	#REF!		
TOTAL COST WITH FEE				#REF!	\$0	#REF!	#REF!		
9									
10. Signature of Authorized Official:							CMS USE ONLY		
Fringe Rate							14. Proposal Receipt Date:		
Indirect Rate							11. Type or Print Name and Title:		
Other Rate							15. Review By:		
12. DATE:				13. Telephone #			16 Signature/Title:		

Voucher Form for Cost Reimbursement ESRD Networks

Centers for Medicare and Medicaid Services

1. RFP Number:	2. Name and Address of ESRD Network					
	5. NETWORK QUALITY IMPROVEMENT PROGRAM			6. COMMUNITY INFO. & RESOURCES		
MEDICARE COSTS						
		(Task 1)			(Tasks 2)	
	# of HOURS	HOURLY RATE	COSTS	# of HOURS	HOURLY RATE	COSTS
a. Direct Labor						
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	\$ -	\$ -
ADDITIONAL POSITIONS						
11.	0	\$ -	\$ -	0	\$ -	\$ -
12.	0	\$ -	\$ -	0	\$ -	\$ -
13.	0	\$ -	\$ -	0	\$ -	\$ -
14.	0	\$ -	\$ -	0	\$ -	\$ -
TEMP. LABOR						
a.	0	\$ -	\$ -	0	\$ -	\$ -
b.	0	\$ -	\$ -	0	\$ -	\$ -
c.	0	\$ -	\$ -	0	\$ -	\$ -
Subtotal Direct Labor	0		\$ -	0		\$ -
b. Leave	0		\$ -	0		\$ -
c. Fringe Benefits			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0		\$ -	0		\$ -
d. Subcontracts:						
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		\$ -
g. G&A						
1. Rent			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -
4. Insurance			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -
TOTAL COSTS	0		\$ -	0		\$ -
j. Fee			\$ -			\$ -

Voucher Form for Cost Reimbursement ESRD Networks
Centers for Medicare and Medicaid Services

TOTAL COSTS WITH FEE			\$	-			\$	-
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Voucher Form for Cost Reimbursement ESRD Networks

Centers for Medicare and Medicaid Services

1. RFP Number:	3. ESRD Network # :			4. Month Covered by Voucher:		
	7. ADMINISTRATION			8. INFORMATION		
MEDICARE COSTS				MANAGEMENT		
		(Task 3)		(Task 4)		
	# of HOURS	HOURLY RATE	_ COSTS _	# of HOURS	HOURLY RATE	_ COSTS _
a. Direct Labor						
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	\$ -	\$ -
ADDITIONAL POSITIONS						
11.	0	\$ -	\$ -	0	\$ -	\$ -
12.	0	\$ -	\$ -	0	\$ -	\$ -
13.	0	\$ -	\$ -	0	\$ -	\$ -
14.	0	\$ -	\$ -	0	\$ -	\$ -
TEMP. LABOR						
a.	0	\$ -	\$ -	0	\$ -	\$ -
b.	0	\$ -	\$ -	0	\$ -	\$ -
c.	0	\$ -	\$ -	0	\$ -	\$ -
Subtotal Direct Labor	0		\$ -	0		\$ -
b. Leave	0		\$ -	0		\$ -
c. Fringe Benefits			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0		\$ -	0		\$ -
d. Subcontracts:						
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		\$ -
g. G&A						
1. Rent			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -
4. Insurance			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -
TOTAL COSTS	0		\$ -	0		\$ -
j. Fee			\$ -			\$ -

Voucher Form for Cost Reimbursement ESRD Networks
Centers for Medicare and Medicaid Services

TOTAL COSTS WITH FEE			\$	-		\$	-
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Voucher Form for Cost Reimbursement ESRD Networks
Centers for Medicare and Medicaid Services

TOTAL COSTS WITH FEE			\$	-		\$	-	
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Voucher Form for Cost Reimbursement ESRD Networks

Centers for Medicare and Medicaid Services	
1. RFP Number:	
	VE
MEDICARE COSTS	DATE
	ONLY
	COSTS
a. Direct Labor	
1. Project Director/Executive Director	\$ -
2. Quality Improvement Manager (RN)	\$ -
3. RN (Nephrology exp.)	\$ -
4. Office Mgr/Bookkeeper	\$ -
5. Data/Info Systems Manager	\$ -
6. Data Entry & Tracking Clerical Supp.	\$ -
7. Community Outreach Coordinator	\$ -
8. Admin Assistant/Secretary	\$ -
9. Clerical (non-data clerks, recept., etc)	\$ -
10. Patient Services Coordinator	\$ -
ADDITIONAL POSITIONS	
11.	\$ -
12.	\$ -
13.	\$ -
14.	\$ -
TEMP. LABOR	
a.	\$ -
b.	\$ -
c.	\$ -
Subtotal Direct Labor	
b. Leave	\$ -
c. Fringe Benefits	\$ -
SUBTOTAL - Leave / Fringe	\$ -
d. Subcontracts:	
1. Physician/MRB Reviewers	\$ -
2. Other Consultants	
a. NAME	\$ -
b. NAME	\$ -
c. NAME	\$ -
d. NAME	\$ -
e. NAME	\$ -
3. Other Subcontractors	\$ -
SUBTOTAL - Subcontracts	\$ -
e. Travel	
e. Travel	\$ -
f. Other Direct Costs	
f. Other Direct Costs	\$ -
SUBTOTAL - DIRECT	\$ -
g. G&A	
1. Rent	\$ -
2. Furniture & Equipment	\$ -
3. Telephone Expenses	\$ -
4. Insurance	\$ -
5. Other (attach schedule)	\$ -
TOTAL COSTS	
TOTAL COSTS	\$ -
j. Fee	\$ -

Voucher Form for Cost Reimbursement ESRD Networks
Centers for Medicare and Medicaid Services

TOTAL COSTS WITH FEE	\$	-
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VOUCHER FORM FOR NCC
CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. RFP Number: 0	2. Name and Address of ESRD Network 0 0 0					
MEDICARE COSTS	5. DEVELOPMENT, TRAINING INITIATIVES & COORDINATION OF NATL. ACTIVITIES			6. COALITION, MAINTENANCE & DISTRIBUTION OF ESRD INFO.		
	# of HOURS	(Task 1) HOURLY RATE COSTS		# of HOURS	(Tasks 2) HOURLY RATE COSTS	
a. Direct Labor						
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, receipt., etc)	0	\$ -	\$ -	0	\$ -	\$ -
10. Patient Services Coordinator	0	\$ -	\$ -	0	\$ -	\$ -
ADDITIONAL POSITIONS						
11.	0	\$ -	\$ -	0	\$ -	\$ -
12.	0	\$ -	\$ -	0	\$ -	\$ -
13.	0	\$ -	\$ -	0	\$ -	\$ -
14.	0	\$ -	\$ -	0	\$ -	\$ -
TEMP. LABOR						
a.	0	\$ -	\$ -	0	\$ -	\$ -
b.	0	\$ -	\$ -	0	\$ -	\$ -
c.	0	\$ -	\$ -	0	\$ -	\$ -
Subtotal Direct Labor						
b. Leave	0		\$ -	0		\$ -
c. Fringe Benefits			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0		\$ -	0		\$ -
d. Subcontracts:						
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						
e. Travel			\$ -			\$ -
f. Other Direct Costs						
f. Other Direct Costs			\$ -			\$ -
SUBTOTAL - DIRECT	0		\$ -	0		\$ -
g. G&A						
1. Rent			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -
4. Insurance			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -
TOTAL COSTS						
TOTAL COSTS	0		\$ -	0		\$ -
j. Fee						
j. Fee			\$ -			\$ -
TOTAL COSTS WITH FEE						
TOTAL COSTS WITH FEE			\$ -			\$ -

VOUCHER FORM FOR NCC
CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. RFP Number: 0	3. ESRD Network # : 0	4. Month Covered by Voucher: 0			
MEDICARE COSTS	7. NETWORK COORDINATING CENTER ADMINISTRATIVE	8. ANNUAL REPORT OF COORDINATING CENTER			
	(Task 3)		(Task 4)		
	# of HOURS	HOURLY RATE	COSTS	# of HOURS	HOURLY RATE
					COSTS
a. Direct Labor					
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, receipt., etc)	0	\$ -	\$ -	0	\$ -
10. Patient Services Coordinator	0	\$ -	\$ -	0	\$ -
ADDITIONAL POSITIONS					
11.	0	\$ -	\$ -	0	\$ -
12.	0	\$ -	\$ -	0	\$ -
13.	0	\$ -	\$ -	0	\$ -
14.	0	\$ -	\$ -	0	\$ -
TEMP. LABOR					
a.	0	\$ -	\$ -	0	\$ -
b.	0	\$ -	\$ -	0	\$ -
c.	0	\$ -	\$ -	0	\$ -
Subtotal Direct Labor	0		\$ -	0	\$ -
b. Leave	0		\$ -	0	\$ -
c. Fringe Benefits			\$ -		\$ -
SUBTOTAL - Leave / Fringe	0		\$ -	0	\$ -
d. Subcontracts:					
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	\$ -
g. G&A					
1. Rent			\$ -		\$ -
2. Furniture & Equipment			\$ -		\$ -
3. Telephone Expenses			\$ -		\$ -
4. Insurance			\$ -		\$ -
5. Other (attach schedule)			\$ -		\$ -
TOTAL COSTS	0		\$ -	0	\$ -
j. Fee			\$ -		\$ -
TOTAL COSTS WITH FEE			\$ -		\$ -

VOUCHER FORM FOR NCC
CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. RFP Number: 0		
MEDICARE COSTS	9. ESRD NETWORKS ANNUAL REPORT SUMMARY	10. COMPREHENSIVE DIALYSIS STUDY: IA
	(Task 5)	(Task 6)
	# of HOURS HOURLY RATE COSTS	# of HOURS HOURLY RATE COSTS
a. Direct Labor		
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, receipt., etc)	0 \$ - \$ -	0 \$ - \$ -
10. Patient Services Coordinator	0 \$ - \$ -	0 \$ - \$ -
ADDITIONAL POSITIONS		
11.	0 \$ - \$ -	0 \$ - \$ -
12.	0 \$ - \$ -	0 \$ - \$ -
13.	0 \$ - \$ -	0 \$ - \$ -
14.	0 \$ - \$ -	0 \$ - \$ -
TEMP. LABOR		
a.	0 \$ - \$ -	0 \$ - \$ -
b.	0 \$ - \$ -	0 \$ - \$ -
c.	0 \$ - \$ -	0 \$ - \$ -
Subtotal Direct Labor	0 \$ - \$ -	0 \$ - \$ -
b. Leave	0 \$ - \$ -	0 \$ - \$ -
c. Fringe Benefits	0 \$ - \$ -	0 \$ - \$ -
SUBTOTAL - Leave / Fringe	0 \$ - \$ -	0 \$ - \$ -
d. Subcontracts:		
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	0 \$ - \$ -	0 \$ - \$ -
f. Other Direct Costs	0 \$ - \$ -	0 \$ - \$ -
SUBTOTAL - DIRECT	0 \$ - \$ -	0 \$ - \$ -
g. G&A		
1. Rent	0 \$ - \$ -	0 \$ - \$ -
2. Furniture & Equipment	0 \$ - \$ -	0 \$ - \$ -
3. Telephone Expenses	0 \$ - \$ -	0 \$ - \$ -
4. Insurance	0 \$ - \$ -	0 \$ - \$ -
5. Other (attach schedule)	0 \$ - \$ -	0 \$ - \$ -
TOTAL COSTS	0 \$ - \$ -	0 \$ - \$ -
j. Fee	0 \$ - \$ -	0 \$ - \$ -
TOTAL COSTS WITH FEE	0 \$ - \$ -	0 \$ - \$ -

VOUCHER FORM FOR NCC
CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. RFP Number: 0			
MEDICARE COSTS	11. MONTHLY TOTAL	12. CUMULATIVE TOTAL TO DATE	
	HOURS COSTS	HOURS COSTS	
a. Direct Labor			
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, receipt., etc)	0 \$ -	0 \$ -	
10. Patient Services Coordinator	0 \$ -	0 \$ -	
ADDITIONAL POSITIONS			
11.	0 \$ -	0 \$ -	
12.	0 \$ -	0 \$ -	
13.	0 \$ -	0 \$ -	
14.	0 \$ -	0 \$ -	
TEMP. LABOR			
a.	0 \$ -	0 \$ -	
b.	0 \$ -	0 \$ -	
c.	0 \$ -	0 \$ -	
Subtotal Direct Labor	0 \$ -	0 \$ -	
b. Leave	0 \$ -	0 \$ -	
c. Fringe Benefits	\$ -	\$ -	
SUBTOTAL - Leave / Fringe	0 \$ -	0 \$ -	
d. Subcontracts:			
1. Physician/MRB Reviewers	0 \$ -	0 \$ -	
2. Other Consultants			
a. NAME	\$ -	\$ -	
b. NAME	\$ -	\$ -	
c. NAME	\$ -	\$ -	
d. NAME	\$ -	\$ -	
e. NAME	\$ -	\$ -	
3. Other Subcontractors	\$ -	\$ -	
SUBTOTAL - Subcontracts	0 \$ -	0 \$ -	
e. Travel	\$ -	\$ -	
f. Other Direct Costs	\$ -	\$ -	
SUBTOTAL - DIRECT	0 \$ -	0 \$ -	
g. G&A			
1. Rent	\$ -	\$ -	
2. Furniture & Equipment	\$ -	\$ -	
3. Telephone Expenses	\$ -	\$ -	
4. Insurance	\$ -	\$ -	
5. Other (attach schedule)	\$ -	\$ -	
TOTAL COSTS	0 \$ -	0 \$ -	
j. Fee	\$ -	\$ -	
TOTAL COSTS WITH FEE	\$ -	\$ -	