## COST TABLES FORM

The Bidder shall complete all of the following Cost Tables. The Inmate Calling System and Related Services shall be provided to the Massachusetts Department of Correction (DOC) at no cost to the DOC. Costs in these Cost Tables will be the Commission Percentage paid to the Commonwealth for all inmate calls made through the system. The Bidder may not propose any additional financial compensation to the DOC other than the commission percentage outlined in the Cost Tables.

The Bidder shall include the Inmate Calling System and Related Services according to the RFR specifications for all goods and services. Any and all costs shall be entered in U.S. currency.

**These cost tables shall be provided in your response.**

The following shall be completed by the individual identified in the Contractor Authorized Signatory Listing.

I am authorized by the Bidder to provide these costs and commission fee schedule in response to this RFR.

|  |  |
| --- | --- |
| **Bidder Name:** |  |
| **Signature:** |  |
| **Name:** |  |
| **Title:** |  |
| **Date:** |  |

**Cost Table 1.0 Call Commission Fee Schedule**

The following stated percentage is the figure used to calculate the monthly Commission paid to the DOC for all accepted telephone calls placed through the Inmate Calling System. This percentage will be based on monthly Gross Revenue attributed to the Inmate Calling System for ***all call traffic (collect, debit, pre-paid, and pre-paid collect)***.

The Bidder shall provide a commission rate that includes a figure to the 1/100 position (as in the example below) to ensure that no ties will be possible from proposing Bidders.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Example:** | 1 | 2 | ● | 3 | 4 |

The Bidder shall not leave any space in the following form blank. Insert an appropriate number into each space provide even if the number is a zero (0).

|  |  |
| --- | --- |
| **Bidder Name:** |  |
| **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Monthly****Commission Percentage**  |  |  | ● |  |  |

**Cost Table 2.0 Video Visitation**

The following stated percentage is the figure used to calculate the monthly commission paid to the DOC for video visitation services.

The Bidder shall provide a commission rate that includes a figure to the 1/100 position (as in the example below) to ensure that no ties will be possible from proposing Bidders.

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| --- | --- | --- | --- | --- | --- |
| **Example:** | 1 | 2 | ● | 3 | 4 |

The Bidder shall not leave any space in the following form blank. Insert an appropriate number into each space provide even if the number is a zero (0).

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| --- | --- |
| **Bidder Name:** |  |
| **Date:** |  |

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| --- | --- | --- | --- | --- | --- |
|  **Monthly****Commission Percentage:** |  |  | ● |  |  |

 **Cost Table 4.0 International Call Per-Minute Schedule**

**Bidders shall complete Cost Table 4.0 on the following page. Feel free to make copies for this table for inclusion with your response.**

The Cost Table on the following page shall be included in the Bidder’s Response. This Cost Table provides the per-minute cost for debit based inmate calling to countries/locations outside of the North American Dialing Plan.

The Bidder shall list all countries/locations to which it can provide collect only or direct dial (debit based) calls. In the appropriate column, the Bidder shall enter the per call surcharge, per minute rate (collect calls) and per minute rate (direct dial).

All rates (with the exception of the per call surcharge) shall be quoted on a per minute basis. No per call minimum will be allowed for international calling.

Please do not leave any spaces empty in the Cost Table on the following page. For example, if you provide direct dial service to the United Kingdom but do not provide access to this country in a collect mode, place “Not Available” in the space provide for “Per Call Surcharge” and “Collect Call Rate”.

**Cost Table 4.0 International Call Per-Minute Schedule**

Bidders shall complete Cost Table 4.0 and include it in their response. Feel free to make as many copies for this table as required for inclusion with your response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Country/Location** | **Per Call****Surcharge** | **Debit Based****Per Minute Rate** | **Collect Call Per Minute Rate** | **Prepaid Calling Per Minute rate** |
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**Cost Table 5.0 Additional Fees, Video Visitation**

**Bidders shall complete Cost Table 5.0 on the following page.**

The Cost Table on the following page shall be included in the Bidder’s Response. This Cost Table requires that the Bidder identify all fees and costs associated with the called party’s invoice or the inmate’s account. This Cost Table shall also be used to identify fees and costs associated with video visitation. Bidders are reminded that they shall comply in all respects with all applicable federal and state laws, regulations, rules, orders, standards, guidelines, and/or tariffs in effect at the time of the issuance of this RFR or promulgated or issued from time to time throughout the term of the contract, including without limitation, FCC and/or DTC inmate calling rate caps, per minute rates for TTY calls, and restrictions on additional and/or ancillary service charges and/or taxes

This Cost Table 5.0 completed by the Bidder will be made an integral part of the Bidder’s Contract with the DOC. The Bidder shall list all additional fee items in the column on the left hand side of the table, indicate as to which type of call this fee applies, indicated one-time or recurring and then include the fee in the far right hand column.

***The Bidder shall include all fees (even if the fee is based on a percentage).***

Please do not leave any spaces empty in the Cost Table on the following page if a cost item has been entered into the far left hand column.

**Cost Table 5.0 Additional Fees, Video Visitation**

Bidders shall complete Cost Table 5.0 and include it in their response.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Fee** | **Charge Type:****Collect****Pre-Paid****Pre-Paid Collect****Debit** | **Recurring****or****Non-Recurring** | **Cost** |
| **Example**  |  |  |  |
|  |  |  |  |
| Automated Payment Fee |  |  |  |
| Live Agent Fee |  |  |  |
| Paper Bill/Statement Fee |  |  |  |
| Video Visitation |  |  |  |
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