

FINANCIAL PROPOSAL  
SUPPORT DOCUMENTATION FORM

A. **PERSONNEL** – List all medical and non-medical staff to be used for this contract as identified in the Technical Proposal Appendix I (use continuation sheets):

**MEDICAL STAFF:**

<u>NAME</u>	<u>SPECIALTY</u>	<u>PROJECTED EXAMINATIONS PERFORMED PER YEAR</u>	<u>TOTAL COMPENSATION PER EXAM*</u>	<u>TOTAL ANNUAL COMPENSATION</u>		
				<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>

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\*Include all fringe benefit costs, FICA, etc., here; unless you choose to include these costs under "Other" on 3 of 3.

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**NON-MEDICAL STAFF:**

<u>NAME</u>	<u>TITLE</u>	<u>PROJECTED</u> <u>EXAMINATIONS</u> <u>PERFORMED</u> <u>PER YEAR</u>	<u>TOTAL</u> <u>COMPENSATION</u> <u>PER HOUR*</u>	<u>TOTAL ANNUAL COMPENSATION</u>		
				<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>

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\*Include all fringe benefit costs, FICA, etc., here; unless you choose to include these costs under "Other" on next page.

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**B. SUMMARY**

	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>	<u>TOTAL</u>
TOTAL PERSONNEL EXPENSES				
TOTAL EQUIPMENT EXPENSES				
TOTAL FACILITY EXPENSES				
PROFIT				
OTHER*				
TOTAL				

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\*Identify component costs if this category is used.

APPENDIX D