**Pricing Schedule 1**

**DHS**

**Schedule 1-A**

**DHS EBT Start-Up Costs**

|  |  |
| --- | --- |
| **Category** | **Cost  Total Amount** |
| SNAP System Design and Development |  |
| Time & Attendance System Design and Development |  |
| Debit Card/Direct Deposit System Design and Development |  |
| Debit Card Incentive Funds |  |
| SNAP conversion costs (includes all cost related to conversion) |  |
| Time & Attendance conversion costs           (includes all requirements related to                conversion) |  |
| Debit Card/Direct Deposit conversion costs   (includes all requirements related to conversion) |  |
| Flat Card Printer conversion costs (includes all requirements related to conversion) |  |
| **Total Start-Up Costs** |  |
|  |  |
| \*\*Options: |  |
| Design and Development Picture Printers &  Software |  |
| Design and Development Biometrics Time & Attendance System |  |
| Design and Development of Supplier printing replacement cards. |  |

\*\*\* Will not be included in cost evaluation score.

**Schedule 1-B**

**DHS Equipment Costs**

|  |  |
| --- | --- |
| **Maintenance on State-Owned Equipment** | **Cost must be expressed in + or – to CPCM cost** |
| EBT-only VeriFone 510 POS terminal and pin pads  **or** if the proposed solution is unable to use these terminals, this must be so noted and provide a cost and detailed product information for replacement terminals |  |
| Farmer Market Wireless terminals |  |
| Time & Attendance  VeriFone Vx570 POS terminal |  |
| DataCard 55 SP Flat Card Printer |  |
|  |  |
| EBT-only PIN terminal |  |
| Time & Attendance PIN terminal |  |
| Printers with picture or biometric          capabilities |  |
| **Total EBT Maintenance costs** |  |
|  | **Cost  must be expressed as a Per Terminal Cost** |
| **Replacement Equipment** |  |
| Replacement VeriFone VX 840 Wireless terminals or equivalent |  |
| Alternative Option to wireless terminals |  |
| Replacement EBT-Only VeriFone 510 POS terminals or equivalent |  |
|  |  |
| Replacement Pin Pan for VeriFone 510 or equivalent |  |
|  |  |
| Replacement Provider Vx570 POS terminals or equivalent |  |
| Replacement DataCard 55SP Flat Card Printers or equivalent |  |

**Schedule 1-C**

**DHS EBT SNAP CPCM**

|  |  |
| --- | --- |
| **Base: Active Cases for Billing Month with State issuing all cards** | **SNAP CPCM** |
| <125,000 – 140,000 |  |
| 140,001 – 160,000 |  |
| 160,001 – 175,000 > |  |

|  |  |
| --- | --- |
| **Option 1: Active Cases for Billing Month  with State issuing picture cards** | **SNAP CPCM** |
| <125,000 – 140,000 |  |
| 140,001 – 160,000 |  |
| 160,001 – 175,000 > |  |

|  |  |
| --- | --- |
| **Option 2: Active Cases for**  **B Billing Month with Supplier**  **issuing/mailing replacement cards** | **SNAP CPCM** |
| <125,000 – 140,000 |  |
| 140,001 – 160,000 |  |
| 160,001 – 175,000 > |  |

**Schedule 1-D**

**DHS EBT Time & Attendance CPCM**

|  |  |
| --- | --- |
| **Active Cases for Billing Month** | **Time & Attendance CPCM**   **All Case Levels** |
| **Base: Time & Attendance  without Biometrics CPCM** |  |
| **Option 3: Time & Attendance with Biometrics** |  |

**Schedule 1-E**

**DHS Debit Cards/Direct Deposit**

|  |  |  |
| --- | --- | --- |
| **Item** | **Fee** | **Identify: One-Time Fee or Per Transaction** |
| Cost Per Deposit (CPD) |  |  |
| **Cardholder Fees** | | |
| ATM Withdrawal (after a minimum of  2 free) – Domestic |  |  |
| Surcharges (must specify when and where surcharges will be applied) |  |  |
| ATM Withdrawal - outside US |  |  |
| Surcharges (must specify when and where surcharges will be applied) |  |  |
| Pin POS Transactions Purchase/Decline |  |  |
| Bank Teller Transactions |  |  |
| ATM Balance Inquiry |  |  |
| Inquiries through toll-free IVR (must specify type of inquiry and the charge associated) |  |  |
| Inquiries through CSR (must specify each type of inquiry and the charge associated) |  |  |
| **Other Charges That May Apply** | | |
| Pinless Signature-based Purchase |  |  |
| Secondary Cardholder Card Issuance |  |  |
| Card Replacement (must provide one free replacement per year) |  |  |
| Express delivery fee |  |  |
| ATM Transaction Decline |  |  |
| Negative Balance Fee |  |  |
| Research Fee on Disputed Charges |  |  |
| One-Time Transfer |  |  |
| POS Declines |  |  |
| Monitoring Blocked ATM |  |  |
| Monitoring Blocked POS |  |  |
| Blocking ATM’s |  |  |
| Blocking POS |  |  |
| Other Charges – be specific |  |  |
| Other Charges – be specific |  |  |