*Offeror shall complete the following and provide an estimated cost per year that will be reimbursed.*

The Contractor shall be paid on a Cost Reimbursement Basis in accordance with the terms of this Contract and the funding guidelines set forth by the grant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Year 1 (Initial Contract Term)   | Year 2 (Extension Option #1)   | Year 3 (Extension Option #2)    | Year 4 (Extension Option #3)  | Year 5 (Extension Option #4)  |
| **Recruitment, event coordination and training activities to include, but not limited to:** * Outreach efforts to identify, screen and recruit individuals statewide to participate in multi-system involvement with AHCCCS,
* Develop person-centered, culturally appropriate training to prepare peer and family members to successfully participate in AHCCCS projects,
* Coordinate trainings, meetings, focus groups, workgroups, and other events approved by AHCCCS.

  | **$****Per Hour** | **$****Per Hour** | **$****Per Hour** | **$****Per Hour** | **$****Per Hour** |
| **Compensation of peers and family members for their participation including but not limited to:** * Trainings, focus groups, curriculum development, work groups, health fairs, advisory boards, committees, conferences, meetings, and seminars, which will be documented through participation sign in sheets which shall include demographic information.

  | **$****Per Hour** | **$****Per Hour** | **$****Per Hour** | **$****Per Hour** | **$****Per Hour** |