

**Attachment A**  
**RFQ 24-565**  
**ATHLETIC TRAINER SERVICES**

**Cost Proposal Form**

Offeror must provide fee schedule for services. Services shall include all labor, materials, tools, specialized equipment, supplies, trained personnel, insurance, travel and per diem, direct and indirect administrative costs, overhead, any other charges, and all things and services necessary to provide athletic trainer services in accordance with the specifications, requirements and terms and conditions of this RFQ.

DCSD is requesting an hourly rate for the athletic trainer services requested in the scope of work.

DCSD reserves the right to request price adjustments in the event sites/locations must be added and/or removed during the term of this contract.

**\*\* DCSD reserves the right to request and negotiate a "best and Final" response from Offerors. \*\***

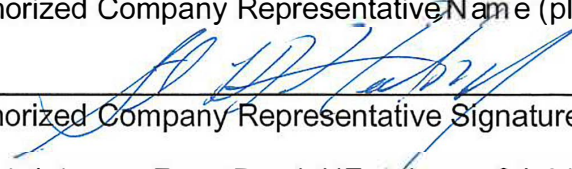
Complete the following:

Item	AthleticTrainer Services Hourly Rate
1.	\$55.00 per hour

Complete the following:

Northside Hospital, Inc.  
 \_\_\_\_\_  
 Company Name

Steve Hudson VP of Physician Development  
 \_\_\_\_\_  
 Authorized Company Representative Name (please print) Title

 March 25, 2024  
 \_\_\_\_\_  
 Authorized Company Representative Signature Date

1000 Johnson Ferry Road, NE, Atlanta, GA 30342  
 \_\_\_\_\_  
 Address

404-300-2322 770-667-4118 Steve.Hudson@Northside.com  
 \_\_\_\_\_  
 Phone Fax Email