|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provided** | **Cost for Individual employees** | **Cost for Groups (3-9 employees)** | **Cost for Large Groups (10+)** |
| Training of employees (Stress Management, resilience building, and other Psychical topics) | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Trauma Treatment (Immediate) | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Trauma Treatment (within 24 hours) | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Crisis Intervention (Immediate) | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Crisis Intervention (within 24 hours) | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Fit for Duty/ Return for Duty | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Baseline Evaluations | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Routine or scheduled Mental Health counselling | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Confidential Counselling (Households) | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Rapid Response or ‘Mayday’ services | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour | $ \_\_\_\_\_ Per Hour |

**Exhibit 5- Pricing Sheet**

Please Provide all costs associated with the listed services.

You may use your own table or sheet. However,

|  |  |
| --- | --- |
| **Service** | **Any Fees or Cost associated** |
| Quarterly / Annual reporting | $ |
| Critical Incident Debriefings/ Necessary follow-up reporting | $ |
| Non-business hour fees | $ |
| 24-hour access to employees via answering service | $ |
| As needed Research | $ |
| Department Policy Review | $ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

It must have all the items listed on this exhibit and be clearly labeled Exhibit 5- Pricing Sheet