|  |
| --- |
| **Part 1 – General Information** |
| **1. Recipient:**       | **2. Contract Number:**       |
| **3. Contractor’s Name:**       | **4. Date of Proposal:**       |
| **5. Contractor’s Address:**      | **6. Type of Service to Be Provided:**       |
| **Part 2 – Cost Summary** |
| **7. Direct Labor** *(Specify labor categories.)* | Estimated Hours | Hourly Rate | Estimated Cost | Totals |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
| **Direct Labor Total** |  |  |  |       |
| **8. Indirect Costs**  *(Specify indirect costs.)* | Rate | Base | Estimated Cost |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
| **Indirect Costs Total** |  |  |  |       |
| **9. Other Direct Costs** |  |
| **a. Travel** |  |  | Estimated Cost |  |
| 1) Transportation |       |       |       |  |
| 2) Per Diem |       |       |       |  |
| **Travel Subtotal** |  |  |       |  |
| **b. Equipment, Materials & Supplies** *(List items.)* | Quantity | Cost | Estimated Cost |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
|       |       |       |       |  |
| **Equipment Subtotal** |  |  |       |  |
| **c. Subcontracts** | Estimated Cost |  |
|       |       |  |
|       |       |  |
|       |       |  |
| **Subcontracts Total** |       |  |
| **d. Other** | Estimated Cost |  |
|       |       |  |
|       |       |  |
| **Other Subtotal** |       |  |
| **Other Direct Costs Total** |  |       |
| **10. Total Estimated Cost** |  |       |
| **11. Profit** |  |       |
| **12. Total Price** |  |       |