

COST PROPOSAL FORM

Contract No. _____

Date _____

Consultant _____

DIRECT LABOR

Position	Name	Range	Hours	Hourly Rate	Total
Project Manager	_____	_____	_____	@ _____	\$ _____
Env Comp. Monitor	_____	_____	_____	@ _____	\$ _____
	_____	_____	_____	@ _____	\$ _____
Biologic Monitor	_____	_____	_____	@ _____	\$ _____
	_____	_____	_____	@ _____	\$ _____
Archaeol Monitor	_____	_____	_____	@ _____	\$ _____
Project Technicians	_____	_____	_____	@ _____	\$ _____
	_____	_____	_____	@ _____	\$ _____
	_____	_____	_____	@ _____	\$ _____
	_____	_____	_____	@ _____	\$ _____

Subtotal Direct Labor Costs \$ _____

Anticipated Salary Increases \$ _____

Total Direct Labor Costs \$ _____

Fringe Benefits

Rate

Total

_____ %

\$ _____

Total Fringe Benefits

\$ _____

Indirect Costs

Overhead

_____ %

\$ _____

General and Administrative

_____ %

\$ _____

Total Indirect Costs

\$ _____

FEE (Profit)

\$ _____

OTHER COSTS

Travel Costs

\$ _____

Equipment and Supplies (Itemize)

\$ _____

Other Direct Costs (Itemize)

\$ _____

Total Other Costs

\$ _____

Subcontractor Costs (attach detailed cost estimate for each subcontractor)

\$ _____

TOTAL COST

\$ _____

