|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appendix C (Page 1) | | | | | | | | | | | | | | | | | |
| CONTRACT PRICING PROPOSAL | | | | | | GOVERNMENT SOLICITATION NO. | | | | | | | | | | | |
| PAGE NO. | |  | | NO. OF PAGES | | | | |  | | |
| NAME OF OFFEROR | | | | | | TITLE OF PROPOSAL | | | | | | | | | | | |
| HOME OFFICE ADDRESS | | | | | | | | | | | | | | | | | |
| LOCATION(S) WHERE WORK IS TO BE PERFORMED | | | | | TOTAL AMOUNT OF PROPOSAL | | | | | | | TOPIC NUMBER | | | | | |
| **BREAKDOWN OF COST ELEMENTS: Itemize on ‘Continuation Page’ (Page 3 of this Appendix). Refer to the Solicitation Instructions.** | | | | | | | | | | | | | | | | | |
| 1. DIRECT LABOR (Specify) | | | **ESTIMATED HOURS** | | | | **RATE/**  **HOURS** | | EST COST ($) | | **TOTAL EST COST** | | | | | REFERENCE | |
|  | | Principal Investigator |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
| ***TOTAL DIRECT LABOR*** | | |  | | | |  | |  | |  | | | | |  | |
| 2. FRINGE BENEFITS | | | **RATE** | | | | **X BASE =** | | **EST COST($)** | |  | | | | |  | |
| Enter Rate as a decimal (e.g. 0.25 for 25%) | | |  | | | |  | |  | |  | | | | |  | |
| 3. OVERHEAD | | | **RATE** | | | | **X BASE =** | | **EST COST($)** | |  | | | | |  | |
| Enter Rate as a decimal (e.g. 0.39 for 39%) | | |  | | | |  | |  | |  | | | | |  | |
| 4. OTHER DIRECT COSTS (Itemize all categories and state purpose for all other costs either here or on the following page) | | | | | | | | | | | | | | | | | |
| 4a. TRAVEL (Include transportation & per diem) | | |  | | | |  | |  | |  | | | | |  | |
| 4b. SUBCONTRACTORS/CONSULTANTS *(describe below)* | | | | | | | | | | | | | | | | | |
| (Identify—purpose—hourly or daily rate) | | | | | | | | | **EST COST ($)** | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
| ***TOTAL SUBCONTRACTORS/CONSULTANTS*** | | |  | | | |  | |  | |  | | | | |  | |
| 4.c. EQUIPMENT | | |  | | | |  | |  | |  | | | | |  | |
| **4.d. SUPPLIES** | | |  | | | |  | |  | |  | | | | |  | |
| 4.e. OTHER (*describe*) | | |  | | | |  | |  | |  | | | | |  | |
|  | | |  | | | |  | |  | |  | | | | |  | |
| ***TOTAL OTHER DIRECT COSTS*** | | |  | | | | **Sum of Items** | | **4a-4e** | |  | | | | |  | |
| 5. GENERAL AND ADMINISTRATIVE EXPENSE | | | **RATE** | | | | **X BASE =** | | **EST COST($)** | |  | | | | |  | |
| Enter Rate as a decimal (e.g. 0.11 for 11%) | | |  | | | |  | |  | |  | | | | |  | |
| ***TOTAL ESTIMATED COSTS (DIRECT + INDIRECT)*** | | |  | | | | **Sum of Items** | | **1-5** | |  | | | | |  | |
| 6. FEE OR PROFIT | | | **RATE** | | | | **X BASE =** | | **EST COST($)** | |  | | | | |  | |
| Enter Rate as a decimal (e.g. 0.07 for 7%) | | |  | | | |  | |  | |  | | | | |  | |
| ***TOTAL ESTIMATED COST AND FEE or PROFIT*** | | |  | | | | **Sum of Items** | | **1-6** | |  | | | | |  | |
| Appendix C (Page 2) | | | | | | | | | | | | | | | | | |
| This proposal reflects our best estimates as of this date, in accordance with General Information and Instructions. | | | | | | | | | | | | | | | | |
| TYPED NAME AND TITLE | | | | SIGNATURE | | | | | | | | | | | | |
| NAME OF FIRM | | | | EIN | | | | | | | | | DATE OF SUBMISSION | | | |
| **COST EL. NO.** | **ITEM DESCRIPTION**  For Travel: include purpose and location of travel, number of days, number of travelers.  For Subcontracts/Consultants: describe purpose, how selection was made, and how price was determined to be reasonable (e.g., market research, competition, etc.)  For Equipment, Supplies, and Other costs: provide itemized list with quantity and unit prices, indicate planned sources, and state how price was determined to be reasonable (e.g, market research, competitions, etc.)  For Indirect Rates: Attach a copy of Rate Agreement, if available, or describe how indirect rates were derived. | | | | | | | | | | | | | **EST COST ($)** | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | |  | | |
| 1. HAS ANY EXECUTIVE AGENCY OF THE UNITED STATES GOVERNMENT PERFORMED ANY REVIEW OF YOUR ACCOUNTS OR RECORDS IN CONNECTION WITH ANY OTHER GOVERNMENT PRIME CONTRACT OR SUBCONTRACTS WITHIN THE PAST TWELVE MONTHS? | | | | | | | | | | | | | | | | |
| YES  NO (If yes, identify below) | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF REVIEWING OFFICE AND INDIVIDUAL | | | | | | | | | TELEPHONE NUMBER/EXTENSION | | | | | | | |
| II. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS PROPOSED CONTRACT? | | | | | | | | | | | | | | | | |
| YES  NO (If yes, identify on Appendix C - Page 3 or on separate page) | | | | | | | | | | | | | | | | |
| III. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? | | | | | | | | | | | | | | | | |
| YES  NO (If yes, identify):  ADVANCED PAYMENTS  PROGRESS PAYMENTS OR  GUARANTEED LOANS | | | | | | | | | | | | | | | | |
| IV. DOES THIS COST SUMMARY CONFORM WITH THE COST PRINCIPLES SET FORTH IN AGENCY REGULATIONS? | | | | | | | | | | | | | | | | |
| YES  NO (If no, explain on following page.) | | | | | | | | | | | | | | | | |
| V. DOES THE ORGANIZATION AND / OR PRINCIPAL INVESTIGATOR(S) HAVE ESSENTIALLY EQUIVALENT WORK (as defined in the solicitation) BEING FUNDED OR PENDING CONSIDERATION FOR FUNDING FROM ANY OTHER FUNDING SOURCE? | | | | | | | | | | | | | | | | |
| YES  NO (If yes, use the following page to provide information set forth in the solicitation under the section entitled  **Content of the Pricing Proposal (Item Two)**.) | | | | | | | | | | | | | | | | |

|  |
| --- |
| Appendix C (Page 3) |
| GENERAL INFORMATION |
| 1. This form provides a standard format for the offeror to submit a summary of estimated costs (and attached supporting information suitable for detailed review and analysis.) 2. Offerors should use indirect rates consistent with their own accounting system, even if different from the rate categories shown on page 1 of this Appendix. 3. The Contracting Officer may request additional supporting information when needed. The offeror may be required to submit a Certificate of Current Cost or Pricing Data prior to the award of a contract. 4. The Government has the right to examine the books, records, documents, and other supporting data to permit adequate verification and evaluation of cost or pricing data submitted, along with the computations and projections used by the offeror. This right may be exercised in connection with any negotiations prior to contract award. |
| **CONTINUATION PAGE: REPLIES TO QUESTIONS II – V ON PAGE 2 & SPACE FOR ADDITIONAL PRICING DESCRIPTION** |
|  |