

COST OF PROPOSAL - RFP ATTACHMENT B

Project: _____

Consultant: _____

Services will commence on mm/dd/yy and be fully completed on mm/dd/yy.

Combined Overhead (%) +

		Hours	Actual Rate/Hr	Loaded* Rate/Hr	Labor Amount	Total	Date Due
Task 1: Description							
Name	Classification		\$0.00	\$0.00	\$0.00	\$0.00	mm/dd/yy
Name	Classification		\$0.00	\$0.00	\$0.00	\$0.00	
Name	Classification		\$0.00	\$0.00	\$0.00	\$0.00	
						\$0.00	
Task 2: Description							
Name	Classification		\$0.00	\$0.00	\$0.00	\$0.00	mm/dd/yy
Name	Classification		\$0.00	\$0.00	\$0.00	\$0.00	
Name	Classification		\$0.00	\$0.00	\$0.00	\$0.00	
						\$0.00	
Other Direct Costs							
Item 1	Classification		\$0.00	\$0.00	\$0.00	\$0.00	mm/dd/yy
Item 2	Classification		\$0.00	\$0.00	\$0.00	\$0.00	
						\$0.00	

Total Hours:

Total Cost: \$0.00

* Loaded hourly rate: includes labor overhead, fringe benefit, and general administrative expenses (% of total direct labor cost)

Loaded hourly rate calculation: \$ actual hourly rate x (1 + combined of overhead & fringe %) x (1 + fee %)

Name and Title of Authorized Representative (typed)

Date

Signature of Authorized Representative

Date

SUBCONSULTANT LIST – RFP ATTACHMENT C

The proposal shall include a complete list of all proposed subconsultants. All subconsultants listed must be provided a meaningful element of work within the defined scope of work. Changes to this Subconsultant List will not be allowed without prior written approval from AMBAG.

PROPOSED SUBCONSULTANTS

Subconsultant Firm Name and Address	Scope of Work	Dollar Amount of Work

Name of Firm

Printed name and Title of Signatory

Signature

Date