SAMPLE COST PROPOSAL 1

COST-PLUS-FIXED FEE OR LUMP SUM OR FIRM FIXED PRICE CONTRACTS

(DESIGN, ENGINEERING AND ENVIRONMENTAL STUDIES)

Note: Mark-ups are Not Allowed ☐ Prime Consultant ☐ Subconsultant ☐ 2nd Tier Subconsultant

Consultant _____ Federal Project No._____

County Project No. _____ Contract No. _____ Date _____

DIRECT LABOR

Classification/Title	Name	Hours	Actual Hourly Rate	Total
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00

LABOR COSTS

a) Subtotal Direct Labor Costs $ 0.00

b) Anticipated Salary increases (see page 2 for calculation) _____

c) TOTAL DIRECT LABOR COSTS [(a)+(b)] $ 0.00

INDIRECT COSTS

d) Fringe Benefits (Rate: 0.00%) e) Total Fringe Benefits [(c)x(d)] $ 0.00

f) Overhead (Rate: 0.00%) g) Overhead [(c)x(f)] $ 0.00

h) General and Administrative (Rate: 0.00%) i) Gen & Admin [(c)x(h)] $ 0.00

j) TOTAL INDIRECT COSTS [(e)+(g)+(i)] $ 0.00

FIXED FEE **k) TOTAL FIXED FEE [[(c)+(j)] x fixed fee 0.00%]** $ 0.00

l) CONSULTANT'S OTHER DIRECT COSTS (ODC) – ITEMIZE (Add additional pages if necessary)

Description of Item	Quantity	Unit	Unit Cost	Total
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00

l) TOTAL OTHER DIRECT COSTS $ 0.00

m) SUBCONSULTANTS' COSTS (Add additional pages if necessary)

Subconsultant 1: _____

Subconsultant 2: _____

Subconsultant 3: _____

Subconsultant 4: _____

Subconsultant 5 _____

m) TOTAL SUBCONSULTANTS' COSTS $ 0.00

n) TOTAL OTHER DIRECT COSTS INCLUDING SUBCONSULTANTS [(l)+(m)] $ 0.00

TOTAL COST [(c) + (j) + (k) + (n)] $ 0.00

NOTES:

1. Key personnel **must** be marked with an asterisk (*) and employees that are subject to prevailing wage requirements must be marked with two asterisks (**). All costs must comply with the Federal cost principles. Subconsultants will provide their own cost proposals.
2. The cost proposal format shall not be amended. Indirect cost rates shall be updated on an annual basis in accordance with the consultant's annual accounting period and established by a cognizant agency or accepted by Caltrans.
3. Anticipated salary increases calculation (page 2) must accompany.

ADDITIONAL DIRECT LABOR

Classification/Title	Name	Hours	Actual Hourly Rate	Total
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00
		0.00	$ 0.00	$ 0.00

SAMPLE COST PROPOSAL 1

COST-PLUS-FIXED FEE OR LUMP SUM OR FIRM FIXED PRICE CONTRACTS

(CALCULATIONS FOR ANTICIPATED SALARY INCREASES)

1. Calculate Average Hourly Rate for 1st year of the contract (Direct Labor Subtotal divided by total hours)

Direct Labor Subtotal per Cost Proposal	/	Total Hours per Cost Proposal		Avg Hourly Rate	5 year contract Duration
$ 0.00		$ 0.00	=	$ 0.00	Year 1 Avg Hourly Rate

2. Calculate hourly rate for all years (Increase the Average Hourly Rate for a year by proposed escalation%)

	Avg Hourly Rate		Proposed Escalation			
Year 1	$ 0.00	x	0.00%	=	$ 0.00	Year 2 Avg Hourly Rate
Year 2	$ 0.00	x	0.00%	=	$ 0.00	Year 3 Avg Hourly Rate
Year 3	$ 0.00	x	0.00%	=	$ 0.00	Year 4 Avg Hourly Rate
Year 4	$ 0.00	x	0.00%	=	$ 0.00	Year 5 Avg Hourly Rate

3. Calculate estimated hours per year (Multiply estimate% each year by total hours)

	Estimated % Completed Each Year		Total Hours per Cost Proposal		Total Hours Per Year	
Year 1	100.00%	x	0.00	=	0.00	Estimated Hours Year 1
Year 2	0.00%	x	0.00	=	0.00	Estimated Hours Year 2
Year 3	0.00%	x	0.00	=	0.00	Estimated Hours Year 3
Year 4	0.00%	x	0.00	=	0.00	Estimated Hours Year 4
Year 5	0.00%	x	0.00	=	0.00	Estimated Hours Year 5
Total	100.00%		Total	=	0.00	

4. Calculate Total Costs including Escalation (Multiply Average Hourly Rate by the number of hours)

	Avg Hourly Rate (calculated above)		Estimated hours (calculated above)		Cost per Year	
Year 1	$ 0.00	x	0.00	=	$ 0.00	Estimated Cost Year 1
Year 2	$ 0.00	x	0.00	=	$ 0.00	Estimated Cost Year 2
Year 3	$ 0.00	x	0.00	=	$ 0.00	Estimated Cost Year 3
Year 4	$ 0.00	x	0.00	=	$ 0.00	Estimated Cost Year 4
Year 5	$ 0.00	x	0.00	=	$ 0.00	Estimated Cost Year 5
			Total Direct Labor Cost with Escalation	=	$ 0.00	
			Direct Labor Subtotal before Escalation	=	$ 0.00	
			Estimated Total of Direct Labor Salary Increase	=	$ 0.00	Transfer to page 1

NOTES:

1. This is not the only way to estimate salary increases. Other methods will be accepted if they clearly indicate the % increase, the# of years of the contract, and a breakdown of the labor to be performed each year
2. An estimation that is based on direct labor multiplied by salary increase % multiplied by the# of years is not acceptable.
   (i e. $250,000 x 2% x 5 yrs = $25,000 is not an acceptable methodology)
3. This assumes that one year will be worked at the rate on the cost proposal before salary increases are granted.
4. Calculations for anticipated salary escalation must be provided.

SAMPLE COST PROPOSAL 1

Certification of Direct Costs:

I, the undersigned, certify to the best of my knowledge and belief that all direct costs identified on the cost proposal{s) in this contract are actual, reasonable, allowable, and allocable to the contract in accordance with the contract terms and the following requirements:

1. Generally Accepted Accounting Principles {GAAP)
2. Terms and conditions of the contract
3. Title 23 United States Code Section 112 - Letting of Contracts
4. 48 Code of Federal Regulations Part 31 - Contract Cost Principles and Procedures
5. 23 Code of Federal Regulations Part 172 - Procurement, Management, and Administration of Engineering and Design Related Service
6. 48 Code of Federal Regulations Part 9904 - Cost Accounting Standards Board {when applicable)

All costs must be applied consistently and fairly to all contracts. All documentation of compliance must be retained in the project files and be in compliance with applicable federal and state requirements. Costs that are noncompliant with the federal and state requirements are not eligible for reimbursement. Local governments are responsible for applying only cognizant agency approved or Caltrans accepted Indirect Cost Rate{s).

Prime Consultant or Subconsultant Certifying:

Name:_____ Title*:_____

Signature:_____ Date of Certification [mm/dd/yyyy]:_____

Email:_____ Phone Number: _____

Address:_____

*An individual executive or financial officer of the consultant's or subconsultant's organization at a level no lower than a Vice President or a Chief Financial Officer, or equivalent, who has authority to represent the financial information utilized to establish the cost proposal for the contract.

List services the consultant is providing under the proposed contract: