PROJECT COST WORKSHEET (COST PLUS FIXED FEE)

| PROJECT NO: | 0123456 - Project Specific Bridge Preventive Maintenance Engineering Service | | | | | | | |
|---------------------|--|----------------------------|--------------------------------|--|--|--|--|--|
| LOCATION: | Statewide | Statewide | | | | | | |
| FIRM NAME: | Superman Engineering, Inc. | | _ | | | | | |
| NAME OF PREPARER: | Brown, Charlie | EMAIL: | PHONE N o. 303.234.5678 | | | | | |
| SCOPE OF WORK DATE: | 8/1/20XX | | | | | | | |
| TYPE OF PROPOSAL: | COST PLUS FIXED FEE | CONTRACT # : -20178 | TASK ORDER #: #1 | | | | | |

| 1Δ | ΙΔ | BOR | RATES |
|-----|----|-----|--------------|
| ın. | - | | |

| Employee Name | Employee Classification | (a) Direct Salary <u>Cost / Rate</u> | (b) Indirect Cost % | (c) Labor rate <u>\$/Hour</u> |
|--------------------------------|---------------------------------|---|-----------------------------|---------------------------------------|
| Employee Name Example, Mary | Sr. Planner | \$ 43.24 | 153.24 | <u>\$/Hour</u> 109.50 |
| Superman, Jim | Struct. Engineering Manager, PE | \$ 76.92 | 153.24 | 194.79 |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | \$ 120.16 | | |

Total Direct Salary Rate

Labor Rate (c) = $a \times (b+1)$

INSERT AGREED FIXED FEE: 9.75%

INSERT FCCM (if accplicable): 0.0063%

| | 1B. LABOR | COSTS: | Insert ONLY hour | s) |
|--|-----------|--------|------------------|----|
|--|-----------|--------|------------------|----|

| 1B. LABOR COSTS: (Insert ONLY hours) | | | Direct Salary | | | |
|--------------------------------------|---------------------------------|---|----------------------|--------------|------------------|----------------|
| | Employee | | Cost/Rate | Labor | Estimated Number | Estimated Cost |
| Employee Name | <u>Classification</u> | | X Est.Hrs. | Rate \$/Hour | Of Work Hours | Per Employee |
| Example, Mary | Sr. Planner | _ | 43.24 | 109.50 | 1 | 109.50 |
| Superman, Jim | Struct. Engineering Manager, PE | | 384.60 | 194.79 | 5 | 973.96 |
| 0 | | 0 | 0.00 | - | 0 | 0.00 |
| 0 | | 0 | 0.00 | - | 0 | 0.00 |
| 0 | | 0 | 0.00 | - | 0 | 0.00 |
| 0 | | 0 | 0.00 | - | 0 | 0.00 |
| 0 | | 0 | 0.00 | - | 0 | 0.00 |
| | TOTAL DIRECT SALARY COST | | 427.84 | - | 0 | 0.00 |
| | | _ | | | | 0.00 |

TOTAL LABOR: \$ 1,083.46

2A. FEE (Fixed Fee x Section 1B)

2B. Facilities Cost of Money (FCCM)

FIXED FEE: \$ 105.64 FCCM: \$ 0.03

| | Employee Name | Employee <u>Classification</u> | | (a) Direct Salary <u>Cost / Rate</u> | (b) Indirect Cost % | | (c) Labor rate <u>\$/Hour</u> |
|-----|---|--|---------------------------------------|---|--|--------------------|---------------------------------------|
| 3A. | DTHER DIRECT COSTS RATES (IN-HOUS Item Postage/Freight Repro / Plotting Film/Film Developing Other Expenses * | SE) *: Estimated Units | | | Unit Rates Project related actual and reasonab | le cost le cost | Estimated Cost |
| | * Prior Approval from CDOT Project Mana | ager required | | | | SUBTOTAL | \$ - |
| 3B | . OTHER DIRECT COSTS RATES (OUTSID | <u>E)*:</u> | | | | | |
| | <u>Item</u> Travel Meals / Misc. | | | Estimated Units | <u>Unit Rates</u> Actual reasonable costs subject to state fiscal rules. | | Estimated Cost \$0 |
| | Per Diem | | | days | Actual reasonable costs subject to state fiscal rules. | | \$0 |
| | Airfare | | | | Actual reasonable costs subject to state fiscal rules. | | \$0 |
| | Lodging | | | nights | Actual reasonable costs subject to state fiscal rules. | | \$0 |
| | Mileage/Auto Rental | \$ | 0.540 | - miles | Current State Approved Rate | | \$0 |
| | * Prior Approval from CDOT Project Mana Per Diem (Not to Exceed State Fiscal Rul | <u> </u> | | | | SUBTOTAL_ | \$0.00 |
| | | | | SUBTOTAL | (Sum of sections 1B+2+3A+3B) | - | \$ 1,189.13 |
| 4A. | . <u>OUTSIDE SERVICES RATES (SUBCONSU</u> <u>Firm Name</u> | JLTANTS): | | | | | Estimated Cost |
| | | | | | Subtotal Outside Se | ervices (Subs) _ | \$0 |
| 4B | . OUTSIDE SERVICES (VENDORS)*: | | | | | | Estimated Cost |
| | * Prior Approval from CDOT Project Mana | ager required | | | Subtotal Outside Servi | ces (Vendors) _ | \$0.00 |
| 5. | TOTAL ESTIMATED COST (Sum of sect | ions 1B+2+3A+3B+4A+4B) | | | | = | \$ 1,189.13 |
| | I am a representative of Superman E Task Order, which is issued by the S wage rates and other factual unit rate the time of contracting, and include n | tate pursuant to the terms of this es supporting the compensation to | Task Order Propo to be paid by CDC | osal, without substanti | ve change. I also declare that to th | e best of my k | nowledge the |
| | | PE - Structural Engineering Manage Typed Name and Title) | r | | | Signature) | |
| | · | · | | | · · | • , | |
| | | | | | 1/24 | /2019 | |

(Date Signed)

COMPANY CONFIDENTIAL AND PROPRIETARY
Updated: 01/24/2019 2 of 2 1/28/2022