

U.S. Department of Labor Employment and Training Administration		COST AND PRICE ANALYSIS		
Enter below the totals for the various categories which are detailed on the attached sheets of this EXHIBIT.				
<b>A. DIRECT COSTS:</b>				
1. Staff Salaries _____				\$
2. Fringe Benefits for Staff _____				\$
_____				
_____				
3. Staff Travel and Per Diem _____				\$
a. Travel _____			\$	
b. Per Diem _____			\$	
<b>4. Consultant Fees</b> _____				\$
5. Consultant Travel and Per Diem _____				\$
a. Travel _____			\$	
b. Per Diem _____			\$	
<b>6. Rent (Office Space)</b>				
Total No. Square Ft.	Cost Per Sq. Ft. Per Mo. (Include utilities and Custodial services)*	% OF TIME SPACE IS USED BY PROJECT STAFF	No. OF MONTHS	DURATION OF LEASE
(1)	(2)	(3)	(4)	(5)
* Check items below included in rent. IF NOT INCLUDED, SHOW ESTIMATED COST PER YEAR.				
<input type="checkbox"/> Heat _____				
<input type="checkbox"/> Light _____				
<input type="checkbox"/> Water _____				
<input type="checkbox"/> Janitorial and Maintenance Services _____				
TOTAL RENT COST PER YEAR (Plus Utilities) (Budget Item A-6) ▶				
<b>7. Insurance</b>				
Liability Amount (Coverage Amount)		Cost For Year		**Covers damage done to other persons or to property other than that of contractor
\$ _____		\$ _____		
<b>8. Bonding</b>				
Fidelity Bond (Coverage Amount)		Number of Staffmembers Covered		Cost for Duration of contract ▶
\$ _____		_____		_____
9. Materials and Supplies _____				\$
10. Communications _____				\$
a. Telephone _____			\$	
b. Telegraph _____			\$	
c. Postage _____			\$	
11. Property _____				\$
12. Supportive Services (Not covered under items 1-11 above) (i.e., temporary help for field studies, etc.) _____				\$
13. Subcontracts Costs _____				\$
a. Minority _____			\$	
b. Non-minority _____			\$	
TOTAL ESTIMATED DIRECT COSTS				\$
<b>B. INDIRECT COSTS</b>				
1. Overhead at _____ of \$ _____				\$
2. General and Administrative at _____ of \$ _____				\$
TOTAL ESTIMATED INDIRECT COSTS				\$
<b>C. TOTAL ESTIMATED DIRECT AND INDIRECT COSTS</b>				\$
<b>D. FEE (if applicable)</b> _____				\$
<b>E. TOTAL ESTIMATED COST INCLUDING FEE (if applicable)</b>				\$



U.S DEPARTMENT OF LABOR Employment and Training Administration		SUMMARY - STAFF COSTS (Continued)		
<b>A-2 EMPLOYER'S COST OF FRINGE BENEFITS FOR STAFF:</b>				
TYPE OF BENEFIT	PER-CENT	TIMES	AMOUNT (In Dollars)	TOTAL COST
1. F.I.C.A.		X		\$
2. WORKER'S COMPENSATION		X		\$
3. HEALTH AND WELFARE INSURANCE		X		\$
a. Retirement				
b. Pension		X		\$
4. OTHER (Specify)		X		\$
a. FUTA				
b. SUI		X		\$
TOTAL (Employer's cost of fringe benefits for staff) (Budget Item A-2)				\$

<b>A-3 STAFF TRAVEL EXPENSE:</b>				
TRANSPORTATION DATA				
No. of Miles Traveled	Mileage Cost Per Round Trip	No. of Weeks	Mode of Travel Used	Cost to Transport Staff- members on Project Business
	\$			\$

<b>a) average per diem various areas</b>				PER DIEM AND ACTUAL COST DATA
No. of Days Per Diem Used	Cost Per Day	Actual Cost (In Lieu of Per Diem)	TOTAL - Staff Travel Expenses (Budget Item A-3)	
	\$	\$	\$	

<b>A-5 CONSULTANT TRAVEL EXPENSES:</b>				
TRANSPORTATION DATA				
No. of Miles Traveled	Cost Per Mile	No. of Weeks	Mode of Travel Used	Cost to Transport Staff- members on Project Business
	\$			\$

PER DIEM AND ACTUAL COST DATA			
NO. of Days of Per Diem Used	Cost Per Day	Actual Cost (In Lieu of Per Diem)	TOTAL - Staff Travel Expenses (Budget Item A-3)
	\$	\$	\$

COMMENTS:





U.S DEPARTMENT OF LABOR Employment and Training Administration		COMMUNICATIONS			
<i>List below all communications costs that are estimated necessary for performance of this program/study.</i>					
A-10 COMMUNICATIONS					
TYPE OF COMMUNICATION		AMOUNT PER MO.	NO. OF MONTHS	BASED ON AVG. PER MONTH	TOTAL-Communications Cost (Budget Item A-10)
		(1)	(2)	(3)	(4)
TELEPHONE	Base Rate	\$			\$
	Toll Calls	\$			\$
TELEGRAPH	Telegrams	\$			\$
POSTAGE	Letters / Reports	\$			\$

A-11 PROPERTY REQUIREMENTS					
ITEM NO.	DESCRIPTION OF ITEM (Stock No. If Known)	QTY.	UNIT	UNIT COST	TOTAL
(1)	(2)	(3)	(4)	(5)	(6)
TOTAL-Property Requirements Cost (budget item A - 11)					\$
COMMENTS:					

U.S DEPARTMENT OF LABOR Employment and Training Administration	SUPPORTIVE SERVICES and SUBCONTRACT COSTS
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**A-12 SUPPORTIVE SERVICES**

*List below other services not supplied by staff which are a cost to the program / study on a flat rate basis and show method of calculation:*

TYPE OF SERVICE	FURNISHED BY	FLAT RATE CIRCULATION (No. of units X flat rate)	TOTAL
(1)	(2)	(3)	(4)
			\$
<b>TOTAL - Supportive Services (budget item A-12)</b>			<b>\$</b>

**A-13 SUBCONTRACT COSTS**

*List below all subcontractor costs that are estimated as necessary for performance of this program study. Also identify in column (1a) below, if subcontractor is (a) minority business, (b) nonminority business, (c) small business, (d) small disadvantaged business - 8(a), (e) nonprofit organizations and educational institutions and/or (f) other entity (includes individual).*

NAME OF CONTRACTOR	IDENTITY	TYPE OF SERVICES OR MATERIAL SUBCONTRACTED	TOTAL
(1)	(1a)	(3)	(4)
			\$
<b>TOTAL - Subcontract Costs (budget item A-13)</b>			<b>\$</b>
<b>TOTAL Direct Costs (Section A)</b>			<b>\$</b>

U.S. DEPARTMENT OF LABOR  
Employment and Training Administration

**B. INDIRECT COSTS**

List below the indirect costs that are estimated as applicable for performance of this program/study:

If indirect costs are included, the offeror must attach a statement setting forth the proposed method of apportioning such costs (INDIRECT COST POOL) between this study and other activities of the Offeror. The statement should also set forth the proposed provisional overhead or general and administrative rate, the basis for same, and whether or not this proposed rate is the latest recommended rate for the offeror on Government Contracts and the name of the cognizant Government Agency which approved the rate.

*Any rates accepted as part of the proposal will be provisional rates only, except for educational institution proposals which may be on the basis of a negotiated provisional, predetermined or fixed rate, and the resulting contract will include a negotiated overhead rate clause in accordance with Federal Procurement Regulations 1-3.704-1.*

1. Overhead at \_\_\_\_\_ % of \$ \_\_\_\_\_  
(insert base)
2. General and Ad-  
ministrative at \_\_\_\_\_ % of \$ \_\_\_\_\_  
(insert base)

**COMMENTS**