

ATTACHMENT D - Contract Pricing Proposal Form

Contract Pricing Proposal Form			Solicitation/Contract No.	Page
Contractor:			Name of Proposed Project:	
Address:				
Location (where work is to be performed):			NYSERDA funding:	
			Total Project Cost:	
Cost Element	Total Project Cost	Funding & Co-funding via NYSERDA	Cost-sharing & Other Co-funding	
1. Direct Materials				
a. Purchased Parts		WORK		
b. Other				
Total Direct Materials				
2. Materials Overhead			Rate:	
3. Direct Labor (specify names/titles)			Hours	Rate/hr
Total Direct Labor				
4. Labor Overhead			Rate %	\$ Base
Total Labor Overhead				
5. Outside Special Testing				
6. Equipment				
7. Travel				
8. Other Direct Costs				
9. Subcontractors/Consultants				
Total Subcontractors/Consultants				
10. General & Administrative Expense			Rate %	Element(s)
11. Fee or Profit (if allowable)			Rate:	
12. Total Estimated Project Cost			#VALUE!	

This proposal reflects our best estimates as of this date, in accordance with the instructions to proposers.

Typed Name and Title:	Signature:	Date:
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Has any executive agency of the U.S. government performed any review of your records in connection with any prime contract or subcontract within the past twelve month: ___ Yes ___ No

If yes, identify:

