

Cost Proposal
RFP#: 19-021 Special Education Mediation ... for PART I bids

Bidder Name:

Please note that the shaded cells are locked and will auto-fill. Please enter requested information in the unshaded cells only.

1. STAFF RESOURCES - EMPLOYEES			
Name/Title	Estimated Hours	Hourly Rate	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -

2. FRINGE BENEFITS		
Benefit /Description	Calculation of Cost	Total
Total Fringe Benefits		\$ -

3. PURCHASED SERVICES - NON-EMPLOYEES (Subcontractors, consultants, including travel, other contractual services)		
Provider of Services/Description	Calculation of Cost	Total

Total Purchased Services - Non-employees		\$ -
--	--	------

4. NON-PERSONAL SERVICE ITEMS (Supplies, materials, employee travel)		
Item/Description	Calculation of Cost	Total
Total Non-Personal Service Items		\$ -

5. OTHER COSTS		
Description	Calculation of Cost	Total
Total Other Costs		\$ -

TOTAL DIRECT COSTS (Sum of 1-5)	\$ -
--	------

6. INDIRECT COSTS		
Indirect Cost Rate %	Total Direct Costs (modified, if applicable)	Total
		\$ -

GRAND TOTAL	\$ -
--------------------	------

Authorized Signature: _____
 Printed Name: _____
 Organization Name: _____
 Organization Address: _____

Date:
