

COST OR PRICE SUMMARY

6/4/2002

PART I - GENERAL

1. RECIPIENT		2. ASSISTANCE IDENTIFICATION NO. C544	
3. NAME OF CONTRACTOR OR SUBCONTRACTOR		4. Date of Proposal	
5. ADDRESS OF CONTRACTOR OR SUBCONTRACTOR (INCLUDE ZIP CODE)		6. TYPE OF SERVICE TO BE FURNISHED	

PART II - COST SUMMARY

7. DIRECT LABOR (Specify labor categories)	ESTI- MATED HOURS	HOURLY RATE	ESTIMATED COST	TOTALS
			\$ -	
			-	
DIRECT LABOR TOTAL:			\$ -	
8. INDIRECT LABOR (Specify indirect cost pools)	RATE	X BASE =	ESTIMATED COST	
		\$ -	\$ -	
		-	-	
INDIRECT COSTS TOTAL:			\$ -	
9. OTHER DIRECT COSTS				
a. TRAVEL	RATE	X UNITS =	ESTIMATED COST	
			0	
			-	
TRAVEL SUBTOTAL:			\$ -	
b. EQUIPMENT, MATERIALS, SUPPLIES (Specify categories)	QTY	COST	ESTIMATED COST	
		\$ -	\$ -	
EQUIPMENT SUBTOTAL:				
c. SUBCONTRACTS (inc. copies of proposals)+A55			ESTIMATED COST	
		\$ -		
SUBCONTRACTS SUBTOTAL:				
d. OTHER (Specify categories)			ESTIMATED COST	
		\$ -	\$ -	
OTHER SUBTOTAL:				
OTHER DIRECT COSTS TOTAL:			\$ -	
10. TOTAL ESTIMATED COST				\$ -
11. PROFIT				\$ -
12. TOTAL PRICE				\$ -