

**U.S. DEPARTMENT OF TRANSPORTATION
 SMALL BUSINESS INNOVATION RESEARCH PROGRAM
 SOLICITATION NO. DTRS57-02-R-SBIR**

**APPENDIX C
 (SCHEDULE 1)**

CONTRACT PRICING PROPOSAL

PROPOSAL COVER SHEET			1. SOLICITATION/CONTRACT/MODIFICATION NUMBER			
2a. NAME OF OFFEROR			3a. NAME OF OFFEROR'S POINT OF CONTACT			
2b. FIRST LINE ADDRESS			3b. TITLE OF OFFEROR'S POINT OF CONTACT			
2c. STREET ADDRESS			3c. TELEPHONE		3c. FACSIMILIE	
2d. CITY	2e. STATE	2f. ZIP CODE	AREA CODE	NUMBER	AREA CODE	NUMBER
4. TYPE OF CONTRACT OR SUBCONTRACT (<i>Check</i>)			5. <input type="checkbox"/> PRIME OFFEROR			
<input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF <input type="checkbox"/> FPI <input type="checkbox"/> OTHER (<i>Specify</i>)			<input type="checkbox"/> SUBCONTRACTOR _____ PRIME OFFEROR'S NAME			
6. ESTIMATED COST, FEE AND PROFIT INFORMATION						
A. ESTIMATED COST						
B. FIXED FEE						
C. AWARD FEE						
D. PROFIT						
E. TOTAL PRICE						
7. PROVIDE THE FOLLOWING						
NAME OF COGNIZANT CONTRACT ADMINISTRATIVE AGENCY				NAME OF COGNIZANT GOVERNMENT AUDIT AGENCY		
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
TELEPHONE	AREA CODE	NUMBER	TELEPHONE	AREA CODE	NUMBER	
FACSIMILE	AREA CODE	NUMBER	FACSIMILE	AREA CODE	NUMBER	
NAME OF CONTACT				NAME OF CONTACT		
PROPERTY SYSTEM				APPROXIMATE DATE OF LAST AUDIT		
<input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined acceptable <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined not acceptable <input type="checkbox"/> Never reviewed				PURPOSE OF AUDIT		
PURCHASING SYSTEM				(e.g. proposal review, establishment of billing rates, finalize indirect rates, etc.)		
<input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined acceptable <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined not acceptable <input type="checkbox"/> Never reviewed				ACCOUNTING SYSTEM		
				<input type="checkbox"/> Audited and determined acceptable <input type="checkbox"/> Audited and determined not acceptable <input type="checkbox"/> Never audited		
8a. NAME OF OFFEROR (<i>Typed</i>)				OFFEROR'S FISCAL YEAR		
8b. TITLE OF OFFEROR (<i>Typed</i>)				9. NAME OF FIRM		
10. SIGNATURE				11. DATE OF SUBMISSION		

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CONTRACT PRICING PROPOSAL**

Background

The following items, as appropriate, should be included in proposals responsive to this Solicitation.

Cost Breakdown Items (in this order, as appropriate); (See Section III.E)

1. Name of proposer
2. Address of proposer
3. Location where work will be performed
4. Proposer's Project Title
5. Research topic number and title from DOT SBIR Program Solicitation
6. Total dollar amount of the proposal (dollars)
7. Direct material costs
 - a. Purchased parts (dollars)
 - b. Subcontracted items (dollars)
 - c. Other
 - (1) Raw materials (dollars)
 - (2) Standard commercial items (dollars)
 - d. Total direct materials (dollars)
8. Material overhead rate _____ % x total direct material = dollars
9. Direct labor (specify)
 - a. Type of labor, estimated hours, rate per hour and dollar cost for each type
 - b. Total estimated direct labor (dollars)
10. Labor overhead
 - a. Identify overhead rate, the hour base and dollar cost
 - b. Total estimated labor overhead (dollars)
11. Special testing (include field work at Government installations)
 - a. Specify each item of special testing, including estimated usage and unit cost
 - b. Estimated total special testing (dollars)
12. Other special equipment
 - a. If direct charge, specify each item of special equipment, including usage and unit cost
 - b. Estimated total other special equipment (dollars)

13. Travel (if direct charge)
 - a. Transportation (detailed breakdown and dollars)
 - b. Per diem or subsistence (details and dollars)
 - c. Estimated total travel (dollars)
14. Consultants Service
 - a. Identify each consultant, including purpose and dollar rates
 - b. Total estimated consultant service costs (dollars)
15. Other direct costs (specify)
 - a. Total estimated direct cost and overhead (dollars)
16. General and administrative expense
 - a. Percentage rate applied
 - b. Total estimated cost of G&A expense (dollars)
17. Royalties (specify)
 - a. Estimated cost (dollars)
18. Fee or profit (dollars)
19. Total estimated cost and fee or profit (dollars)
20. The cost breakdown portion of a proposal must be signed by a responsible official of the firm (include typed name and title and date of signature).
21. Provide a yes or no answer to each of the following questions:
 - a. Has any executive agency of the United States Government performed any review of your accounts or records in connection with any other government prime contract or subcontract within the past twelve months? If yes, provide the name and address of the reviewing office, name of the individual and telephone/extension.
 - b. Will you require the use of any government property in the performance of this proposal? If yes, identify.
 - c. Do you require government contract financing to perform this proposed contract? If yes, specify type as advanced payments or progress payments.
22. Type of contract proposed, firm-fixed price.
23. DUNS number, if available _____
(See Section III.F)
24. Tax Identification Number, if available.