

**U.S. DEPARTMENT OF TRANSPORTATION
SMALL BUSINESS INNOVATION RESEARCH PROGRAM
SOLICITATION NO. DTRT57-08-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>) <input checked="" 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>)				5. <input type="checkbox"/> PRIME OFFEROR <input type="checkbox"/> SUBCONTRACTOR _____ <div style="text-align:right; margin-right: 50px;">PRIME OFFEROR'S NAME</div>			
6. ESTIMATED COST, FEE, AND PROFIT INFORMATION							
A. ESTIMATED COST							
B. PROFIT							
C. 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 <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				APPROXIMATE DATE OF LAST AUDIT			
PURCHASING SYSTEM <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 (e.g. proposal review, establishment of billing rates, finalize indirect rates, etc.)			
				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>)				9. NAME OF FIRM			
8b. TITLE OF OFFEROR (<i>Typed</i>)							
10. SIGNATURE						11. DATE OF SUBMISSION	

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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 offeror		
2.	Address of offeror		
3.	Location where work will be performed		
4.	Offeror's Project Title		
5.	Research topic number and title from DOT SBIR Program Solicitation		
6.	Total Proposal Amount		\$ _____
7.	Direct Material Costs		
	a. Purchased Parts		\$ _____
	b. Subcontracted Items		\$ _____
	c. Other		\$ _____
	(1) Raw Materials		\$ _____
	(2) Standard Commercial Items		\$ _____
	Total Direct Materials (TDM)		\$ _____
8.	Material Overhead (TDM x Rate %)		
		Rate	Amount
	Total Material Overhead (TMO)	_____ %	\$ _____
9.	Total Materials (TDM + TMO)		
			\$ _____
10	Direct Labor		
	Type / Personnel	Hours	Rate (\$ / Hr)
			\$ _____
			\$ _____
			\$ _____
	Total Direct Labor (TDL)		\$ _____
11.	Labor Overhead (TDL x Overhead Rate)		
		Rate	Amount
	Total Labor Overhead (TLO)	_____ %	\$ _____
12.	Labor: Fringe Benefits (TDL x Benefit Rate)		
		Rate (% or \$ / Hr)	Amount
	Fringe Benefits	_____ %	\$ _____
13.	Total Labor (TDL + TLO + Fringe)		Amount
			\$ _____
14	Direct Costs: Special Testing (Include field work at Government installations)		
	Item & Anticipated Use	Unit Cost	Estimated Cost
			\$ _____
			\$ _____
			\$ _____
			\$ _____
	Estimated Total Special Testing		\$ _____
15.	Direct Costs: Special Equipment		
	Item & Anticipated Use	Unit Cost	Amount
			\$ _____
			\$ _____
			\$ _____

	Estimated Total Special Equipment				\$ _____
16	Direct Costs: Travel				
	Travel Location	Mode of Travel	# of Trips	Per Diem	Amount
					\$ _____
					\$ _____
	Travel				\$ _____
17	Direct Costs: Consultant Services				
	Description of Service				Amount
					\$ _____
					\$ _____
	Total Consultant Services				\$ _____
18	Direct Costs: Other Direct Costs (ODC) not previously accounted for.				
	Item & Anticipated Use		Unit Cost if applicable		Amount
					\$ _____
					\$ _____
					\$ _____
	Total Other Direct Costs				\$ _____
19	Total Direct Costs (TDC) (Sum of Line No. 14 – 18)				Amount
					\$ _____
20	General & Administrative Expense ((Total Materials + Total Labor + Total ODC) x Rate)				
				Rate %	Amount
				_____	\$ _____
21	Royalties				
	Description				Amount
					\$ _____
	Total				\$ _____
22	Total Cost (Sum of lines 9, 13, 19, 20 & 21)				Amount
					\$ _____
23	Profit (Total Cost x Profit Rate)				
				Rate %	Calculated Amount
				_____	\$ _____
24	Total Firm Fixed Price Amount (Total Cost + Profit)		\$ _____		
25	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 IN THE SPACE PROVIDED ON THE COVERPAGE OF THIS PROPOSAL)				
26	Provide a yes or no answer to each of the following questions:				(Yes / No)
	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 below _____ _____				
	Will you require the use of any Government property in the performance of this proposal? If yes, identify. _____ _____				
	Do you require Government contract financing to perform this proposed contract? If yes, specify type as advanced payments or progress payments. _____ _____				
27	Type of contract proposed is, <u>firm-fixed price</u>				
28	DUNS number, if available _____ (See Section III.F)				
29	Tax Identification Number, if available _____				