|  |  |
| --- | --- |
| Cost and Pricing Information – State Projects | WRD-277  Rev 04/17 |
|  | **Part I - General** |  |
| 1. RECIPIENT
 | 1. ID Number
 |
| 1. NAME OF CONTRACTOR OR SUBCONTRACTOR
 | 1. DATE OF PROPOSAL
 |
| 1. ADDRESS OF CONTRACTOR OR SUBCONTRACTOR *(Include Zip Code)*
 | 1. TYPE OF SERVICE TO BE FURNISHED
 |
| 1. TELEPHONE NUMBER *(Include Area Code)*
 |
|  | **Part II - Cost Summary** |  |
| 1. DIRECT LABOR *(Specify Labor Categories)*
 | ESTIMATEDHOURS | HOURLYRATE | ESTIMATEDCOST | **TOTALS** |
|  |  | $ | $ |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|   |  |  |  |
|  |  |  |  |
| **DIRECT LABOR TOTAL:** |  | $ |
| 1. INDIRECT COSTS  *(Specify Indirect Cost Pools)*
 | RATE | X BASE = | ESTIMATEDCOST |  |
|  |  | $ | $ |
|  |  |  |  |
|  |  |  |  |
| **INDIRECT COSTS TOTAL:** |  | $ |
| 1. OTHER DIRECT COSTS
 |  |  |  |  |
| A. TRAVEL | ESTIMATEDCOST |
| (1) TRANSPORTATION |  |  | $ |
| (2) PER DIEM |  |  |  |
|  |  |  |  |
| **TRAVEL SUBTOTAL:** |  | $ |
| B. EQUIPMENT, MATERIALS, SUPPLIES  *(Specify* *Categories)*  | QTY | COST | ESTIMATEDCOST |
|  |  | $ | $ |
|  |  |  |  |
|  |  |  |  |
| **EQUIPMENT SUBTOTAL:** |  | $ |
| C. SUBCONTRACTS | ESTIMATEDCOST |
|  |  | $ |
|  |  |  |
|  |  |  |
| **SUBCONTRACTS SUBTOTAL:** |  | $ |
| D. OTHER *(Specify Categories)*  | ESTIMATEDCOSTS |
|  |  |  | $ |
|  |  |  |  |
| **OTHER SUBTOTAL:** |  | $ |
| E. OTHER DIRECT COSTS TOTAL: |  | $ |
| 1. TOTAL ESTIMATED COST
 | $ |
| 1. PROFIT
 | $ |
| 1. TOTAL PRICE
 | $ |
| This is to certify to the best of my knowledge and belief that the cost and pricing data summarized herein are complete, current, and accurate as of:  | Date: |
| Name and Title of reviewer: |