|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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)* | | ESTIMATED  HOURS | HOURLY  RATE | | ESTIMATED  COST | | **TOTALS** |
|  | |  | $ | | $ | |  |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **DIRECT LABOR TOTAL:** | |  | | | | | $ |
| 1. INDIRECT COSTS  *(Specify Indirect Cost Pools)* | | RATE | X BASE = | | ESTIMATED  COST | |  |
|  | |  | $ | | $ | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **INDIRECT COSTS TOTAL:** | |  | | | | | $ |
| 1. OTHER DIRECT COSTS | |  |  | |  | |  |
| A. TRAVEL | | | | | ESTIMATED  COST | |
| (1) TRANSPORTATION | |  |  | | $ | |
| (2) PER DIEM | |  |  | |  | |
|  | |  |  | |  | |
| **TRAVEL SUBTOTAL:** | |  | | | $ | |
| B. EQUIPMENT, MATERIALS, SUPPLIES  *(Specify* *Categories)* | | QTY | COST | | ESTIMATED  COST | |
|  | |  | $ | | $ | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **EQUIPMENT SUBTOTAL:** | |  | | | $ | |
| C. SUBCONTRACTS | | | | | ESTIMATED  COST | |
|  | |  | | | $ | |
|  | |  | | |  | |
|  | |  | | |  | |
| **SUBCONTRACTS SUBTOTAL:** | |  | | | $ | |
| D. OTHER *(Specify Categories)* | | | | | ESTIMATED  COSTS | |
|  | |  |  | | $ | |
|  | |  |  | |  | |
| **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: | | | | | | | |