DELAWARE VALLEY REGIONAL PLANNING COMMISSION
CONTRACT PRICING PROPOSAL

Name and Address of Offeror

_____
_____
_____
_____

Name and Title of Legal Representative

_____
_____

Phone _____

1. DIRECT LABOR

Employee or Skill Level	Estimated Hours	Hourly Rate	Total Cost	Comment
TOTAL				

2. LABOR OVERHEAD

Category	Rate	X Base Equal	Total Cost	Comment
Fringe Benefits				
Indirect				
TOTAL				

3. SPECIAL TESTING AND EQUIPMENT

	Estimated Cost	Total Cost	Comment
TOTAL			

4. TRAVEL

Category	Estimated Cost	Total Cost	Comment
Transportation			
Per Diem or Subsistence			
TOTAL			

5. SUBCONTRACTORS

Name	Estimated Cost	Total Cost	Comment
TOTAL			

6. OTHER DIRECT COSTS

Identify	Estimated Cost	Total Cost	Comment
TOTAL			

7. GENERAL AND ADMINISTRATIVE

Identify	Basis	Total Cost	Comment

8. FEE OR PROFIT

Basis	Total Cost	Comment

9. TOTAL COST

TOTAL COST		