

**COST OR PRICE SUMMARY FORMAT FOR SUBAGREEMENTS**

**PART I – GENERAL**

1. RECIPIENT	2. SRF PROJECT NO.
3. NAME OF PROPOSER	4. DATE OF PROPOSAL
5. ADDRESS OF PROPOSER	6. DESCRIPTION AND TYPE OF SERVICE TO BE FURNISHED

**PART II – COST SUMMARY**

7. DIRECT LABOR (Specify labor categories) (Additional pages may be added)	ESTIMATED HOURS	HOURLY RATE	ESTIMATED COST	TOTALS
		\$	\$	
DIRECT LABOR TOTAL:				
8. INDIRECT COSTS (Specify indirect costs pool)	RATE	X BASE=	ESTIMATED COST	
		\$	\$	
INDIRECT COSTS TOTAL:				
9. OTHER DIRECT COSTS			ESTIMATED COST	
a. TRAVEL				
(1) MILEAGE			\$	
(2) PER DIEM			\$	
b. EQUIPMENT, MATERIALS, SUPPLIES (Specify)			\$	
c. SUBCONTRACTS (Specify)			\$	
d. OTHER (Specify categories)			\$	
OTHER DIRECT COSTS TOTAL:				
10. TOTAL ESTIMATED COST				\$
11. PROFIT				\$
12. TOTAL PRICE				\$

**PART III – CERTIFICATIONS**

13. Has a federal agency or a federally certified state or local agency performed any review of your accounts or records in connection with any other federal cooperative agreement or contract within the past twelve months?  
 \_\_\_\_\_ No                      \_\_\_\_\_ Yes (give name, address and telephone number of reviewing office)

14. This is to certify to the best of my knowledge that the cost and pricing data summarized herein are complete, current, and accurate as of this date. I further certify that I understand that the subagreement price may be subject to adjustment as a result of an audit of this firm.  
 \_\_\_\_\_ Signature of Proposer                      \_\_\_\_\_ Date                      \_\_\_\_\_ Title of Proposer

15. I certify that I have reviewed the cost/price summary set forth herein and the proposed costs/price appear acceptable for subagreement award.  
 \_\_\_\_\_ Signature of Owner's Authorized Representative                      \_\_\_\_\_ Date                      \_\_\_\_\_ Title of Owner's Authorized Representative