



**NEW YORK STATE ENERGY RESEARCH AND DEVELOPMENT AUTHORITY**  
**Contract Pricing Proposal Form**

**Attachment C**

| New York State Energy Research and Development Authority<br>Contract Pricing Proposal Form                   |        |            | Solicitation/Contract No. | Page                             |                                 |
|--|--------|------------|---------------------------|----------------------------------|---------------------------------|
| Contractor:  |        |            | Name of Proposed Project: |                                  |                                 |
| Address:   |        |            |                           |                                  |                                 |
| Location (where work is to be performed):  |        |            | NYSERDA funding:          |                                  |                                 |
|  |        |            | Total Project Cost:       |                                  |                                 |
| Cost Element   |        |            | Total Project Cost        | Funding & Co-funding via NYSERDA | Cost-sharing & Other Co-funding |
| 1. Direct Materials  |        |            |                           |                                  |                                 |
| a. Purchased Parts   |        |            |                           |                                  |                                 |
| b. Other   |        |            |                           |                                  |                                 |
| Total Direct Materials   |        |            |                           |                                  |                                 |
| 2. Materials Overhead  | Rate:  |            |                           |                                  |                                 |
| 3. Direct Labor (specify names/titles)   | Hours  | Rate/hr    |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
| Total Direct Labor   |        |            |                           |                                  |                                 |
| 4. Labor Overhead  | Rate % | \$ Base    |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
| Total Labor Overhead   |        |            |                           |                                  |                                 |
| 5. Outside Special Testing   |        |            |                           |                                  |                                 |
| 6. Equipment   |        |            |                           |                                  |                                 |
| 7. Travel  |        |            |                           |                                  |                                 |
| 8. Other Direct Costs  |        |            |                           |                                  |                                 |
| 9. Subcontractors/Consultants  |        |            |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
| Total Subcontractors/Consultants   |        |            |                           |                                  |                                 |
| 10. General & Administrative Expense   | Rate % | Element(s) |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
|  |        |            |                           |                                  |                                 |
| 11. Fee or Profit (If allowable) Rate:   |        |            |                           |                                  |                                 |
| 12. Total Estimated Project Cost   |        |            |                           |                                  |                                 |
| This proposal reflects our best estimates as of this date, in accordance with the instructions to proposers. |        |            |                           |                                  |                                 |
| Typed Name and Title:  |        |            | Signature:                |                                  | Date:                           |

Has any executive agency of the U.S. government performed any review of your records in connection with any prime contract or subcontract within the past twelve months?      \_\_\_ Yes      \_\_\_ No  
 If yes, identify:

| Supporting Schedule - Contract Pricing Proposal Form |                  |        |
|--|------------------|--------|
| Element No.  | Item Description | Amount |
|  |                  |        |
|  |                  |        |
|  |                  |        |

**INSTRUCTIONS FOR PREPARATION OF COST ESTIMATE**

Your cost proposal may be the basis of contract negotiation; it should be specific and complete in every detail. Supporting schedules (as described in Section B) providing the basis for your estimates must be provided.

**A. GENERAL**

The schedule must be submitted on NYSERDA's Contract Pricing Proposal Form.

**B. INSTRUCTIONS AND DESCRIPTION OF REQUIRED SUPPORT DETAIL**

(Title each supporting schedule and cross-reference it to the item number on the Contract Pricing Proposal Form)

**1a. DIRECT MATERIALS - PURCHASED PARTS**

Provide the following information for each proposed item with an estimated unit cost in excess of \$15,000.

- o Description of item
- o Proposed vendor
- o Quantity needed
- o Unit cost
- o Basis for cost (i.e., catalog, prior purchase, quote, etc.)
- o Total cost
- o Evidence of a competitive selection process in accordance with the requirements of the Subcontract Procedures section of the attached Sample Agreement.

**1b. OTHER DIRECT MATERIALS**

In accordance with the requirements of the Subcontract Procedures section of the attached Sample Agreement, for all items in excess of \$5,000, provide whatever information would be necessary to understand what is being obtained, how it is being obtained, what it will cost and how the estimated cost was determined with justification for all items.

**2. MATERIALS OVERHEAD (also applicable to other Indirect Rate categories: 4. LABOR OVERHEAD and 10. G&A EXPENSE)**

- o If Government-approved indirect rates are proposed, then supply a copy of an appropriate Government document verifying those rates.
- o If Government-approved rates are not proposed, supply the following, unless previously provided, for the years comprising the proposed period of contract performance.
  - o A description (chart or other) of the organization of the indirect cost center.
  - o The budget of indirect costs, by account, for each proposed indirect expense rate.
  - o The budget for the base, for each proposed rate, (direct labor dollars, hours, costs, etc.) itemized as to contract hours or costs, research and development hours of costs, and any other direct base effort.
  - o Actual incurred rates for the prior three years, including actual base and pool amounts.

**3. DIRECT LABOR**

- a. Commercial Enterprises

- (1) Attach supporting schedules showing:
  - o Each category or type of labor being estimated
  - o Applicable labor rates per hour (straight-time)
- (2) Explain the method used for computing the rates (i.e., actual of an individual, actual average of a category or other grouping, etc.) Also identify any proposed labor escalation and the bases for it.

b. Educational Institutions

Provide the following for each calendar year of the contract:

- (1) For individuals not on an "actual hours worked" basis:
  - o individual's name
  - o annual salary and the period for which the salary is applicable (preferably in weeks)
  - o the proportionate time to be charged to this effort.
- (2) For individuals who maintain time records as the basis for charging costs, supply the detail as requested in Instructions 3(a)(1)

4. LABOR OVERHEAD (Same as Instructions for 2. MATERIALS OVERHEAD)

5. OUTSIDE SPECIAL TESTING

- a. Describe the effort.
- b. Provide the units of time (hours, days, weeks), cost rates, and the vendor.
- c. In accordance with the requirements of the Subcontract Procedures section of the attached Sample Agreement, provide the basis for selection of the vendor. Identify M/WBE vendors contacted for quotes and if none, explain why. Explain and justify the basis for any non-competitive selection.

6. EQUIPMENT

Capability to perform the work with existing facilities and equipment is assumed. It is NYSERDA's policy not to compensate for general purpose facilities or equipment. If some special purpose items are needed solely for this contract and are not available by other means (contractor assets, lease, etc.), then provide the following information for each item of required equipment.

- o vendor
- o model number
- o quantity
- o competitive selection process
- o unit cost and source of cost/price (i.e., quote, catalog, purchase history)
- o description of the use or application (NYSERDA dedicated, contract dedicated, other)

7. TRAVEL

- a. NYSERDA will accept as a direct charge only that travel required to perform the statement of work.
- b. Attach a schedule indicating the need for the proposed travel, the estimated number of person-trips required, destinations, mode and cost of transportation, and number of days subsistence per trip for each destination.
- c. Identify and support any other special transportation costs required in the performance of this project.

8. OTHER DIRECT COSTS

- a. Identify the type of cost (i.e. postage, telephone, publications, graphics, etc.)
- b. Provide cost details for the amounts estimated (hours or units, rates, etc.)
- c. If any internal service center rates are applied, provide details similar to that required in Instruction #B.
- d. For computer costs identify the make, model and type of computer, hours of service and appropriate rates, and whether the machine is company owned or leased.

9. SUBCONTRACTORS/CONSULTANTS

- a. Explain the specific technical area in which such service is to be used and identify the contemplated consultants.
- b. State the number of days and the hours per day of such service estimated to be required and the consultant's quoted rate per day. Document when/where the consultant has received the proposed rate in performing similar services for others.

10. GENERAL & ADMINISTRATIVE (G&A) EXPENSE (Same as instructions for 2. MATERIALS OVERHEAD)

11. FEE OR PROFIT

List the rate proposed for profit. No fee or profit is allowed under product development, demonstration or other certain cost-sharing projects.