|  |  |  |
| --- | --- | --- |
| **Program Funds** | | |
| **Type** | **Description *– The below information is required to describe each proposed cost.*** | **Amount** |
| Labor – PRIME only | (List each labor category or person with associated labor rate and hours) |  |
| Travel – PRIME only | (List # of trips, # of days and travelers per trip, and cost per trip), |  |
| Team Members/ Subcontractors/  Consultants | (List each team member/subcontractor/consultant and their associated subcontract funding) |  |
| Material/Equipment – PRIME only | (List all items and provide justification and basis of cost for each (i.e., catalog pricing, vendor quote, previous purchase, etc.)) |  |
| Other Direct Costs – PRIME only | (List all items and provide justification and basis of cost for each (i.e., catalog pricing, vendor quote, previous purchase, etc.)) |  |
| Indirect Costs – PRIME Only | (Indicate whether indirect rates are Government approved, citing approval date and federal agency providing approval) |  |
|  | **Total Program Funds** |  |
| **COST SHARE (not required)** | | |
| **Type** | **Description** | **Amount** |
| Cash (labor, travel, etc.) |  |  |
| In Kind (Use of equipment, space/ buildings, intellectual property) | Must provide basis of cost. |  |
|  | **Total Cost Share** |  |

*I certify that the proposed costs included with this Cost Table do not contain any fee or profit.*

*Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# *A*ttachment 4 Cost Data Example

The following is provided as an **EXAMPLE** and represents the level of detail required for each element of cost:

|  |  |  |
| --- | --- | --- |
| **PROGRAM FUNDS** | | |
| **Type** | **Description** | **Amount** |
| Labor | Senior Engineer - 400 hours @ $125/hr | $50,000 |
| Travel | Five 2-day trips @ $1,000/trip/person, for 3 people | $15,000 |
| Team Members/ Subcontractors/  Consultants | Shipyard A, $20,000  Shipyard B, $10,000  Consultant A, $20,000 | $50,000 |
| Material/Equipment | 25 test nozzles @$200 each based on catalog pricing | $ 5,000 |
| Other Direct Costs  **Example** | Copying 500based on previous purchases @ 10 cents a copy | $ 500 |
| Indirect Costs | Overhead based on forward pricing approved by SUPSHIPS, January 2003 | $15,000 |
|  | **Total Program Funds** | **$ 135,500** |
| **COST SHARE (not required)** | | |
| **Type** | **Description** | **Amount** |
| Cash (labor, travel) | Engineer - 300 hours @ $50/hr | $ 15,000 |
| In- Kind |  |  |
|  | **Total Cost Share** | **$ 15,000** |

*I certify that the proposed costs included with this Cost Table do not contain any fee or profit.*

*Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*