EXHIBIT E

ATTACHMENT I – COST WORKSHEET (CONTRACTOR)

1. Direct Labor

Direct Labor (JobTitle/Classification)	Estimated Hours	Estimated Hourly Rate	Total
Driver	200	$16.50	$3,300
Dispatcher	100	$12.50	$1,250
Maintenance Mechanic	25	$22.00	$550
		$	$
		$	$
		$	$
		$	$
		$	$
TOTAL		$	$5,100

2. Direct cost(s) (Except Labor)

Equipment and Supplies (Please list and specify each item separately)

___Tools (Specify)_____ $ ___500_____
__ Computers (Specify) _ _ $ ___1,000_ _ _
__ AVL Equipment (Specify) $ ___700 _____
_____ $ _____
Sub Total $ ___2,200___

3. Other Direct costs (Please list and specify each item separately)

___Fuel (Specify)_____ $ ___2,500____
___Maintenance Equipment_ $ ___750_____
___Insurance (Specify)_____ $ ___1,000___
_____ $ _____
Sub Total $ ___4,250____

4. Travel costs (Please list and specify each item separately)

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
Sub Total $ _____

5. [1]Indirect cost(s) (Overhead and Fringe Benefits):

Overhead Rate _____% $ _____

6. Total Costs: $ __11,550____

[1] Must have approved ICAP and CAP.

SAMPLE

EXHIBIT E

ATTACHMENT II – COST WORKSHEET (Subcontractor) - Leave form blank if not applicable.

1. Direct Labor

Direct Labor (JobTitle/Classification)	Estimated Hours	Estimated Hourly Rate	Total
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
TOTAL		$	$

2. Direct cost(s) (Except Labor)

Equipment and Supplies (Please list and specify each item separately)

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
Sub Total $ _____

3. Other Direct costs (Please list and specify each item separately)

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
Sub Total $ _____

4. Travel costs (Please list and specify each item separately)

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
Sub Total $ _____

5. [2]Indirect cost(s) (Overhead and Fringe Benefits):

Overhead Rate _____% $ _____

6. Total Costs: $ _____

[2] Must have approved ICAP and CAP.

SAMPLE