

Cover Sheet and Instructions
COST PROPOSAL

APPROVED DOCUMENT—This document is approved by the Office of the President and Office of the General Counsel for use by the Facility.

| | | | | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-----------------|---|---------------------|
| PURPOSE OF DOCUMENT: | For use by Contractor to prepare Cost Proposal and for Contractor and each subcontractor to prepare supporting documentation for the cost proposal. | | | | | |
| CROSS-REFERENCES TO FACILITIES MANUAL (FM): | FM5: 13.2.1 | | | | | |
| CONTENTS: | Cost Proposal form | | | | | |
| FOR USE WITH: (Not Applicable to Some Documents) | ✓ | Long Form (LF) | ✓ | Brief Form (BF) | ✓ | Multiple Prime (MP) |
| COMPLETED BY: | ✓ | Filling In | | Adding Text | | No Data Required |
| ITS USE IS: | ✓ | Required | | Optional | | |

Completion Instructions:

1. The Contractor completes the form. Contractor and each subcontractor involved prepares the following portion of the supporting documentation, as applicable:
 - a. Supporting Documentation for the Cost Proposal Summary,
 - b. Cost Breakdown for Supporting Documentation
 - c. Labor Breakdown for Supporting Documentation
2. The Facility may direct the Contractor to complete any or all of the supporting documentation listed above, as applicable to the Project and/or Change Order.

Modifications and Additions:

The Supporting Documentation table Item 7 has been changed to provide that the schedule of rental charges from the California Department of Transportation must be attached.

Comments:

None.

END OF COVERSHEET AND INSTRUCTIONS

COST PROPOSAL

Date: _____

Change Order Request No.: _____

University of California, {Facility Name}

Scope of Change:

Instructions:

1. Complete this form by providing (a) all information required above, (b) the amount and justification based upon the Contract Schedule for any proposed adjustment of Contract Time, (c) the proposed adjustment of Contract Sum, (d) the attached "Cost Proposal Summary," (e) the attached form titled, "Supporting Documentation for the Cost Proposal Summary," (f) the attached form titled "Cost Breakdown for Supporting Documentation," and (g) the attached form titled "Labor Breakdown for Supporting Documentation." Items (f) and (g) listed above are optional and shall be completed as instructed.
2. Attach the forms titled "Supporting Documentation for the Cost Proposal Summary", "Cost Breakdown for Supporting Documentation," and "Labor Breakdown for Supporting Documentation", for Contractor and each Subcontractor involved in the Extra Work. Each such form shall be completed and signed by Contractor or Subcontractor actually performing the Work activity identified on the form. Attach supporting data to each such form to substantiate the individually listed costs. The costs provided on these forms shall be used to substantiate Additional Costs shown on the Cost Proposal Summary.
3. The Contractor Fee shall be computed on the Cost of Extra Work of Contractor and each Subcontractor involved in the Extra Work; and shall constitute full compensation for all costs and expenses related to the subject change and not listed in the "Supporting Documentation for the Cost Proposal Summary," including overhead and profit.
4. Refer to Article 7.3 of the General Conditions for the method of computing the Contractor Fee.

Adjustment of the Contract Time (Include justification based upon the Contract Schedule): _____
(Days)

Refer to Article 8 of the General Conditions.

Adjustment of the Contract Sum (Total from line 18, col. 4 of Cost Proposal Summary): \$ _____

Refer to Article 7 of the General Conditions.

Submitted:

Received:

(Contractor)

(University's Representative)

By: _____
(Signature)

By: _____
(Signature)

August 13, 2014

Cost Proposal LF:EX-CP

Project Name: { }

Project No.: { }

Title: _____

Title: _____

Date: _____

Date: _____

COST PROPOSAL SUMMARY

Change Order Request No.: _____

Contractor Name: _____

University of California, {Facility Name}

| | | (1) | (2) | (3) | (4) |
|---------------------------------------------|-------------------------------------------------|------------|---------------|-----------------------|-------|
| | | Contractor | 1st Tier Subs | 2nd & Lower Tier Subs | Total |
| ACTUAL COSTS | 1. Straight Time Wages/Salaries - Labor | | | | |
| | 2. Fringe Benefits and Payroll Taxes - Labor | | | | |
| | 3. Overtime Wages/Salaries - Labor | | | | |
| | 4. Fringe Benefits and Payroll Taxes - Overtime | | | | |
| | 5. Materials and Consumable Items | | | | |
| | 6. Sales Taxes (On line 5) | | | | |
| | 7. Rental Charges | | | | |
| | 8. Royalties | | | | |
| | 9. Permits | | | | |
| | 10.Total Direct Expense (Sum of lines 1-9) | | | | |
| 11. Insurance & Bonds (up to 2% of line 10) | | | | | |
| CONTRACT-OR FEE | 12. Sub-Sub (15% of line 10; col. 3) | | | | |
| | 13. Subcontractor (5% of line 10; col. 3) | | | | |
| | 14. Subcontractor (15% of line 10; col. 2) | | | | |
| | 15. Contractor (5% of line 10; col. 2 & 3) | | | | |
| | 16. Contractor (15% of line 10; col. 1) | | | | |
| 17. Contractor Fee (Sum of lines 12-16) | | | | | |
| TOTAL | 18. Sum of lines 10, 11, & 17 | | | | |

Actual Costs are taken from line 12 of the attached forms titled, "Supporting Documentation For the Cost Proposal Summary" for Contractor and each Subcontractor involved in the Extra Work.

Project Name: { }

Project No.: { }

SUPPORTING DOCUMENTATION FOR THE COST PROPOSAL SUMMARY

Contractor/Subcontractor Name: _____

Change Order Request No.: _

Work Activity: _____

University of California, {Facility Name}

| COST ITEM | DESCRIPTION | COST ⁽¹⁾ |
|--------------|-----------------------------------------------------------------------------------------------|---------------------|
| | 1. Straight Time Wages/Salaries -- Labor | |
| | 2. Fringe Benefits and Payroll Taxes -- Labor: % of line 1 | |
| | 3. Overtime Wages/Salaries - Labor (Attach University Representative's written authorization) | |
| ACTUAL COSTS | 4. Fringe Benefits and Payroll Taxes -- Overtime: % of line 3 | |
| | 5. Materials and Consumable items | |
| | 6. Sales Taxes: % of line 5 | |
| | 7. Rental Charges (attach CalTrans' Schedule) | |
| | 8. Royalties | |
| | 9. Permits | |
| | 10. Total Direct Expense -- sum of lines 1-9 | |
| | 11. Insurance and Bonds % of line 10 (up to 2% of line 10) | |
| TOTAL | 12. Sum of lines 10 and 11 | |

(Company Name)

(Contractor's Company Name)

(Signature) ⁽²⁾

(Signature) ⁽³⁾

(Title)

(Title)

(Date)

(Date)

- Notes:
- (1) Round off all costs to the nearest dollar.
 - (2) This form shall be prepared and signed by Contractor or Subcontractor actually performing the Work activity indicated above.
 - (3) If this form is signed by a Subcontractor, it shall be reviewed and signed by Contractor certifying the accuracy of the information.

Project Name: { }

Project No.: { }

August 13, 2014