

| CONTRACT PRICING SUMMARY (RESEARCH AND DEVELOPMENT) | | | | Office of Management and Budget Approval No. 29-R018Y | |
|--|--|--|-----------------|---|-------------------|
| This form is for use when (i) submission of cost or pricing data (see FPR 1-3.807-3) is required and (ii) substitution for the Optional Form 59 is authorized by the contracting officer. | | | | PAGE NO. 1 | NO. OF PAGES 2 |
| NAME OF OFFEROR Fort Bend County | | SUPPLIES AND/OR SERVICES TO BE FURNISHED | | | |
| HOME OFFICE ADDRESS 3737 Bamore Rd Rosenberg, TX 77471 | | CMAQ Commuter Service Pilot Project | | | |
| DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED Fort Bend County and Harris County | | TOTAL AMOUNT OF PROPOSAL \$1,290,565 | | GOVT. SOLICITATION NO. | |
| DETAIL DESCRIPTION OF COST ELEMENTS | | | | | |
| 1. DIRECT MATERIAL (Itemize on Exhibit A) | | | EST COST (\$) | TOTAL EST COST | REFERENCE |
| a. PURCHASED PARTS | | | | | |
| b. SUBCONTRACTED ITEMS | | | | | |
| c. OTHER -- (1) RAW MATERIAL | | | | | |
| (2) YOUR STANDARD COMMERCIAL ITEMS | | | | | |
| (3) INTERDIVISIONAL TRANSFERS (At other than cost) | | | | | |
| TOTAL DIRECT MATERIAL | | | | | |
| 2. MATERIAL OVERHEAD (Rate %*\$ base =) | | | | | |
| 3. DIRECT LABOR (Specify) | | ESTIMATED HOURS | RATE/ HOUR | EST COST (\$) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL DIRECT LABOR | | | | | |
| 4. LABOR OVERHEAD (Specify Department or Cost Center) | | OH RATE | * BASE = | EST COST (\$) | |
| | | | | | |
| | | | | | |
| TOTAL LABOR OVERHEAD | | | | | |
| 5. SPECIAL TESTING (Including field work at Government installations) | | | EST COST (\$) | | |
| | | | | | |
| | | | | | |
| TOTAL SPECIAL TESTING | | | | | |
| 6. SPECIAL EQUIPMENT (If direct charge) (Itemize on Exhibit A) | | | | | |
| 7. TRAVEL (If direct charge) (Give details on attached Schedule) | | | EST COST (\$) | | |
| a. TRANSPORTATION | | | | | |
| b. PER DIEM OR SUBSISTENCE | | | | | |
| TOTAL TRAVEL | | | | | |
| 8. CONSULTANTS (Identify - purpose - rate) | | | EST COST (\$) | | |
| | | | | | |
| TOTAL CONSULTANTS | | | | | |
| 9. OTHER DIRECT COSTS (Itemize on Exhibit A) | | | | | |
| 10. TOTAL DIRECT COST AND OVERHEAD | | | | \$1,616,905 | |
| 11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate of cost element Nos.) | | | | | |
| 12. ROYALTIES | | | | \$326,340 | |
| 13. TOTAL ESTIMATED COST | | | | \$1,290,565 | |
| 14. FEE OR PROFIT | | | | | |
| 15. TOTAL ESTIMATED COST AND FEE OR PROFIT | | | | | |

[illegible]