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 dat				IO.	NO. OF PAGES		
(ii) substitution for the Optional Form 59 is authoriz	ed by the contrac	ting officer.			1	2	
NAME OF OFFEROR	SUPPLIES AND/OR SERVICES TO BE FURNISHED						
Fort Bend County							
HOME OFFICE ADDRESS 3737 Bamore Rd	CMAQ Commu	ter Service Pil					
Rosenberg, TX 77471							
DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE	TOTAL AN	MOUNT OF PF	SOLICITATION	NO			
PERFORMED	\$1,290,565				Solicininon	110.	
Fort Bend County and Harris County							
DETAIL DESCRIPTION	OF COST ELI	EMENTS			_		
1. DIRECT MATERIAL (Itemize on Exhibit A)			EST COS	ST (\$)	TOTAL EST COST	REFERE	NCE
a. PURCHASED PARTS			1		EST COST		
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	RATE/	EST COST (\$)			
	HOURS	HOUR					
			-				
TOTAL DIRECT LABOR							
4. LABOR OVERHEAD (Specify Department or Cost Center)	OH RATE	* BASE =	EST COS	T(\$)			
				- (+)			
TOTAL LABOR OVERHEAD							
5. SPECIAL TESTING (Including field work at Government installations)			EST COST (\$)			
	TOTAL SPECIA	4L TESTING					
6. SPECIAL EQUIPMENT (If direct charge) (Itemize on Exhibit A)							
7. TRAVEL (If direct charge) (Give details on attached Schedule)	7. TRAVEL (If direct charge) (Give details on attached Schedule))			
a. TRANSPORTATION							
b. PER DIEM OR SUBSISTENCE							
TOTAL TRAVEL							
8. CONSULTANTS (Identify - purpose - rate) EST COST (\$)							
	TOTAL CO	NOUT TANTE					
0 OTHER DIRECT COSTS (I	101AL CO.	NSULTANTS					
9. OTHER DIRECT COSTS (Itemize on Exhibit A) 10.	TOTAL	DIDECT COST	TAND OVER HEA	D	\$1,616,905		
10. TOTAL DIRECT COST AND OVERHEAD 11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate of cost element Nos.)						,	
11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate of cost element Nos.) 12. ROYALTIES						,	
12. ROYALTIES 13 TOTAL ESTIMATED COST					\$326,340 \$1,290,565		
					\$1,290,363	'	
14. FEE OR PROFIT							
5. TOTAL ESTIMATED COST AND FEE OR PROFIT							
	I CITIL EGITIVIT	LD COSI AN	1 LL ON 1 NOI	4.1	1		

This proposal is submitted for use in connection with and in response tcDescribe RFP, etc.)							
CMAQ Commuter Service Pilot Project							
and reflects our best estimates as of this date, in accordance with the Instructions to Offerors and the Footnotes which follow.							
TYPE NAME A	TYPE NAME AND TITLE SIGNATURE						
KP George, Fort Bend County Judge							
NAME OF FIR	M	DATE OF SU	BMISSION				
	Fort Bend County 3/01/2025						
E	KHIBIT ASUPPORTING SCHEDULE (Specify. If more sp	pace is needed, use re					
COST EL NO.	ITEM DESCRIPTION (See footnote 5)		EST COST (\$)				
	Commuter Services for Fort Bend County to Downtown Houston		\$ 1,290,565				
I HAS ANVE	YECLITIVE AGENCY OF THE LINITED STATES GOVERNMENT DERECT	DMED ANY BEVIEW OF YO	NID				
I. HAS ANY EXECUTIVE AGENCY OF THE UNITED STATES GOVERNMENT PERFORMED ANY REVIEW OF YOUR ACCOUNTS OR RECORDS IN CONNECTION WITH ANY OTHER GOVERNMENT PRIME CONTRACT OR SUBCONTRACT WITHIN THE PAST TWELVE MONTHS?							
YES	X NO (If yes, identify below.)	TELEBLIONE NUMBER/EV	(TENOION				
	DDRESS OF REVIEWING OFFICE AND INDIVIDUAL	TELEPHONE NUMBER/EX					
II. WILL YOU REQUIRE ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS PROPOSED CONTRACT? YES X _ NO (If yes, identify on reverse or separate page)							
III. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? YES X NO (If yes, identify.): ADVANCED PAYMENTS PROGRESS PAYMENTS OR							
GUARANTEED LOANS							
IV. DO YOU NOW HOLD ANY CONTRACT (Or, do you have any independently financed (IR&D) projects)							
FOR THE SAME OR SIMILAR WORK CALLED FOR BY THIS PROPOSED CONTRACT? X_ YES NO (If yes, identify.): Contract ID: 11951-CFDA/FALN Number 20.205							
V. DOES THIS COST SUMMARY CONFORM WITH THE COST PRINCIPLES SET FORTH IN AGENCY REGULATIONS? X YES NO (If no, explain on reverse or separate page)							
110 (11 ho, oxplain on revelue of separate page)							

OPTIONAL FORM 60 (10-71)