

CONSULTANT'S COST PROPOSAL FORM

Consultant Name:
Vendor/Customer No.:
Project Title/Location:
MaineDOT WIN:
Service Area or Phase of Work:

Orig. Date:
Revised Date:
Contact Name:
Contact e-mail address:

Consultant Positions =>

#	Task Descriptions	Classification and/or Employee Name	Hours	Classification and/or Employee Name	Hours	Classification and/or Employee Name	Hours	Classification and/or Employee Name	Hours	Classification and/or Employee Name	Hours	Classification and/or Employee Name	Hours	Classification and/or Employee Name	Hours	TOTAL
1																0.00
2																0.00
3																0.00
4																0.00
5																0.00
6																0.00
7																0.00
8																0.00
9																0.00
10																0.00
11																0.00
12																0.00
13																0.00
14																0.00
15																0.00
16																0.00
17																0.00
18																0.00
19																0.00
20																0.00
21																0.00
TOTAL HOURS			0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00
HOURLY RATE			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
DIRECT LABOR TOTAL			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	\$0.00
DIRECT EXPENSES																
Subconsultant 1-List Name			\$0.00	NOTE: This proposal form must be accompanied by: (a) Description of Services; (b) Scope of Work; (c) DBE form; (d) Appendix A-1; (e) Certified Payroll; (f) Insurance Certificates; and (g) Subconsultant Proposal.										Overhead %	0.00%	\$0.00
Subconsultant 2-List Name			\$0.00											Profit/Fee %	0.00%	\$0.00
Mileage (currently \$.44 per mile)			\$0.00											Subtotal =		\$0.00
Postage			\$0.00											Total Direct Expenses =		\$0.00
Printing			\$0.00											Total Proposed Cost		\$0.00
Other			\$0.00													
Other			\$0.00													
TOTAL DIRECT EXPENSES =			\$0.00													