COST CALCULATIONS FORM

RFP #105-SOM20-001

Complete this form (in whole dollars) and return it with your proposal. (2 pages)

Failure to complete and return will result in REJECTION of your proposal.

Name of Firm/Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TABLE A

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Management Fee (Annual) | Year 1 | Year 2 | Year 3 |  | Year 4\* (Option Year 1) | Year 5\* (Option Year 2 |
| Old Saybrook station parking lots | $ | $ | $ |  |  |  |
| Westbrook Station | $ | $ | $ |  |  |  |
| Clinton Station | $ | $ | $ |  |  |  |
| Madison Station & auxiliary lots | $ | $ | $ |  |  |  |
| Guilford Station | $ | $ | $ |  |  |  |
| Branford Station | $ | $ | $ |  |  |  |
| **Total Management Fee**: | $ | $ | $ |  |  |  |

\*Reminder: For Year 4 and Year 5, list the Management Fee *EXCLUSIVE* of insurance costs.

TABLE B

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Cost Including Benefits | | | | | | | | | |
|  |  | Year 1 | | Year 2 | | Year 3 | | Year 4  (Option Year 1) | | Year 5  (Option Year 2) | |
| B. Administrative Payroll | Hours/Week | Hourly Rate | Annual Rate | Hourly Rate | Annual Rate | Hourly Rate | Annual Rate | Hourly Rate | Annual Rate | Hourly Rate | Annual Rate |
| Facility Manager |  | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
|  |  |  |  |  |  |  |  |  |  |  |  |

The stated hourly cost is based on \_\_\_\_\_\_\_\_\_\_\_\_\_ annual billable hours for time on the job.

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*(continued)*

Name of Firm/Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TABLE C

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Hourly Cost Including Benefits | | | | |
| C. General Building Payroll | Hours/Week | Year 1 | Year 2 | Year 3 | Year 4 (Option Year 1) | Year 5 (Option Year 2) |
| General Maintenance Worker |  |  |  |  |  |  |
| Electrician |  |  |  |  |  |  |
| HVAC Mechanic |  |  |  |  |  |  |
| Janitors & Cleaners |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

TABLE D

|  |  |
| --- | --- |
| D. Subcontracted Trades | Comments |
| Trade: |  |
| Trade: |  |
| Trade: |  |
| Trade: |  |
| Trade: |  |

**Job Classifications and *Minimum* Wage Rates**

You are required to submit the appropriate DOT Job Classification (listed on the following pages) and the corresponding DOL Job Classification along with the anticipated hours per week and up-to-date DOL wage rates and fringe benefits for the DOL job classification. This submission is required for staff personnel only, not subcontractors. (Please follow the **example** shown below). **The most recent rates must be obtained from the DOL.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department of Transportation  Job Classification | Department of Labor  Job Classification | Hours/Week | Department of Labor Minimum | | |
| **Region C Facilities** |  |  | Wage Rate | Fringe Benefit | Total |
| Facility Manager |  | 10 | Not Applicable | | |
| General Maintenance Worker |  | 12 | $17.68 | $5.30 | $22.98 |

**NOTE: Contractor must complete the following.**

Name of Firm/Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the fringe benefit component that is incorporated into the respective staffing hourly cost values depicted in the

COST CALCULATION FORM include all costs associated with the following: (circle appropriate answer)

1. Retirement Y / N 6. Unemployment (FUTA/SUTA) Y / N
2. Life Insurance Y / N 7. Workers' Compensation Y / N
3. Health Insurance Y / N 8. Uniforms Y / N
4. Vacation/Sick/Holiday Y / N 9. Cell Phones/beepers Y / N
5. Social Security (FICA) Y / N

Do the totals for 1) through 4) above equal or exceed the Department of Labor fringe benefit minimum? Y / N

The stated hourly cost is based on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ annual billable hours for time on the job.

* The Department of Labor's minimum fringe benefits cost only includes the following employee benefits, as applicable: retirement, life and health insurance and vacation/sick/holiday benefits. Those benefits that are required by federal or state laws such as workers' compensation coverage, social security and unemployment benefits are not part of the DOL's minimum fringe benefits cost. Also not included are the costs of cell phones, uniforms, and certain other insurance costs. The above detailed costs that are not included in the DOL's minimum fringe benefits cost may be charged back to the state as an additional fringe benefits cost. Be sure all applicable cost components of your total fringe benefits cost are circled "YES" on this form. Any disparity between the identified fringe benefits cost components and your stated fringe benefits cost is grounds for disqualification of your proposal.
* The Department of Transportation will only reimburse a contractor for the actual hours worked by the contractors' employees. As noted in the RFP, such items as vacation days, sick days and holidays shall be reflected in fringe benefits cost rather than in the average hourly pay rate based on a 40 hour week (2080 hour year). For example, if an employee's total hourly cost to the employer on a 2080 year is $30/hour ($62,400/year), and that employee has 3 weeks vacation, 5 sick and/or personal days and 10 holidays, that adds up to 6 weeks during which the employee will (may) not work. This is a total of 240 hours. Subtracting 240 from 2080 leaves 1840 billable hours. If one divides the $62,400 annual cost of the employee by 1840 billable hours, the employee's actual hourly billable rate would be $33.91/hour rather than $30/hour, *although the annual billing for that employee could not exceed the $62,400 figure.*