DHS SBIR/STTR Cost Proposal Form Cover Sheet

- 1. Department Name: Department of Homeland Security
- 2. Component/Agency Name: Science and Technology Directorate, Office of Innovation
- 3. OMB Control Number: 1640-New
- 4. Expiration Date: TBD (three years from approval date)
- 5. Agency Form Number: DHS FORM 10023 (5/07)
- 6. Name of Form: DHS SBIR/STTR Cost Proposal Coversheet
- 7. Purpose of Form: Allow a member of the public to prepare a coversheet for a cost proposal he or she submits to the DHS SBIR/STTR Program Office for consideration.
- 8. How to submit: Submit online at <u>www.sbir.dhs.gov</u> or mail to Department of Homeland Security, Science and Technology/Office of Innovation, SBIR Program, Room 8-050, 245 Murray Drive, Washington, DC, 20528.



Department of Homeland Security

SBIR PROGRAM

Date: 12/18/2007

Solicitation Deadlines

SBIR Solicitations

SBIR Home

Proposal Submission

Check Status/Revise Proposal

> Edit Company Registration

SBIR Contact Information

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COST PROPOSAL

(All values entered on this page will be rounded to two decimal places. When entering monetary values please omit any symbols such as commas, dollar signs, and percentage signs.)

Spencer

Please fully answer all questions. If a question is not applicable to your proposal, please enter 0 in that field.

Items 1, 2, and 11 are pre-filled from the Company Registration. Items 3, 4, 5, 8, and 12 are pre-filled from the Proposal Cover Sheet.

SBIR Home | Solicitation Deadlines | Proposal Submission | Check Status | Edit Company Info | SBIR Contact | Privacy Policy | Useful Files |

1.) Name of Company:

- 2.) Company Address (Line 1): asdf Company Address (Line 2): asdf 3.) Principal Investigator's Name: asdf Asdf 4.) Principal Investigator's Address: asdf
- 5.) Title of Proposal: asdf 6.) Proposal ID: 0521030
- 7.) Solicitation Number: FY052 8.) Duration (in months): 22
- 9,10.) Topic Number and Topic Title: H-SB05.2-002 Topic Test 2
- 11.) Company?s Taxpayer Identification Number: 123456789 CAGE Code: CAGE#5

(Note: Offerors who do not have a Taxpayer Identification Number or a CAGE Code (e.g., because the company does not yet exist at the time of proposal submission) should so indicate in the technical proposal. Such offerors, if selected for award, should talk with their contracting officer about obtaining these items, both of which are required before a contract can be awarded. Please leave either of the fields blank if you do not have them.)

22

12.) Total dollar amount of the proposal:

- 13.) Direct material cost:
 - a. Purchased parts (dollars):
 - b. Subcontracted items (dollars):
 - c. Other
 - (1) Raw material (dollars):
 - (2) Standard commercial items (dollars):
 - (3) Interdivisional transfers (dollars):
 - d. Total direct material cost (dollars):

14.) Material overhead (material overhead rate (%) x total direct material cost) (dollars): 0

15.) Direct labor cost

Labor Category **Hourly Rate** Cost Hours a.

- 0 0
- 0 0 0
- 0

			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
	-	Key Personnel			Hours
.) Labor overhead	a. Overhead ra b. Labor overh cost) (dollars):	labor cost (dollars) ate (including fringe head (e.g, overhead	e): rate x tota	0 0 0 0 0 0 0 0 0	
	a. Provide cos	st for each item of s Item	pecial testi	ng:	Cost
		nem			0
		1			0
		4			0
					0
					0
		1			0
		7			0
					0
					0
	1. <u>1. 1. 1. 1</u> . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			3	0
	b. Total speci	al testing cost (dolla	ars):	0	
) Special equipment		arge, specify each i	tem and its	cost:	
		ltem			Cost

	0
	0
	0
	0
	0
	0
	0
	0
	0
b. Total special equipment cost (dollars):	0

19.) Travel (if direct charge)

a. Transportation (detailed breakdown and cost):

Detailed Bre	eakdov	wn	
		-1	

Cost				
0				
0				
0				
0				
0				
0				
0				
0				

b. Per diem (subsistance, lodging, MI&E) (detailed breakdown and cost):

-		_
-		_
	- 11	

0	
0	
0	
0	
0	
0	
0	
0	
0	

c. Total Travel cos

20.) Subcontracts (e.g., consultants)

a. Identify each subcontract and its purpose and its cost:

Subc	ontract & Purpose	Cost
		0
		0
		0
		0
b. Total subcontract cost	(dollars):	0
21.) Other direct costs (specify)		
a. Total Cost, including overhead, for Other	Direct Costs (dollars): 0	
22.) General and administrative (G&A) expense		
a. G&A rate:	0 %	
b. G&A expense (total co	st x G&A rate) (dollars):	0
23.) Royalties (specify)		
a. Cost of Royalties (doll	ars):	
24.) Fee or profit (dollars):		
25.) Total proposed amount (total cost plus fee 📊		
or profit) (dollars):		
26.) On the following items, the offeror must provi box to the right of the question.) a. Has any executive agency of the United records in connection with any other gover months? If yes, provide the reviewing offic conducted the review.	States Government performe rnment prime contract or sub-	d any review of your accounts or contract within the past twelve
Reviewin	g Office's Name	
	Office's Address	
7.	eviewer's Name	
	ephone Number	10007 000000 0000 000 000
b. Will you require the use of any governm	ent property in the performa	nce of this proposal? If yes, identify. 🗌
Govt Pro	operty 1	
Govt Pre	operty 2	
Govt Pre	operty 3	
Govt Pre	operty 4	
c. Do you require government contract fina type of financing required as advanced pa	The state of the second s	
Advanced	l Payments 🛛 🔿 Progress Pa	ayments
27.) Type of contract proposed		
💿 cost-plus-fixed-fee 🛛 🔘	firm-fixed-price	
	Save	
	274 - 274	

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The OMB control number for this information collection is 1640-NEW and this form will expire on mm/dd/yyyy. The estimated average time to complete this form is 60 minutes per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528.