## ATTACHMENT L-4 COST MODEL Information Other than Cost and Pricing Data Format

Provide the following information for each WBS identified in the proposal:

|                   |                   | <br> | <br> | <br> | <br> |
|-------------------|-------------------|------|------|------|------|
| WBS Name:         |                   |      |      |      |      |
|                   |                   |      |      |      |      |
| WBS Number:       |                   |      |      |      |      |
|                   |                   |      |      |      |      |
| SOO Functional    | Reference:        |      |      |      |      |
|                   |                   |      |      |      |      |
| CLIN Number:      |                   |      |      |      |      |
|                   |                   |      |      |      |      |
| SubCLIN Numbe     | r:                |      |      |      |      |
|                   |                   |      |      |      |      |
|                   |                   |      |      |      |      |
|                   |                   |      |      |      |      |
| WBS Functional    | Description:      |      |      |      |      |
|                   |                   |      |      |      |      |
| Describe the      |                   |      |      |      |      |
| duties,           |                   |      |      |      |      |
| responsibilities, |                   |      |      |      |      |
| and performance   |                   |      |      |      |      |
| objectives        |                   |      |      |      |      |
| associated with   |                   |      |      |      |      |
| each separate     |                   |      |      |      |      |
| WBS               |                   |      |      |      |      |
|                   |                   |      |      |      |      |
|                   |                   |      |      |      |      |
| Special Staffing  | Requirements      |      |      |      |      |
| opeoia otaining   | i coqui cincilto. |      |      |      |      |
|                   |                   |      |      |      |      |

| Please provide<br>additional detail<br>on any special<br>qualification<br>requirements<br>(experience,<br>knowledge,<br>education,<br>licenses and<br>certifications).   |     |  |  |  |  |
|--|-----|--|--|--|--|
| Other Direct Cos   | ts: |  |  |  |  |
|  |     |  |  |  |  |
| Where<br>appropriate,<br>separately<br>identify any other<br>direct costs that<br>are required for<br>performance of<br>the WBS<br>element and<br>provide the dollar<br>amount and a<br>short explanation<br>as to the<br>purpose. |     |  |  |  |  |

| Not all costs<br>need be<br>separately<br>identified, but if<br>the item is<br>unusual in<br>nature,<br>significant in<br>amount, or<br>required to<br>demonstrate full<br>understanding of<br>the technical<br>requirements it<br>should be<br>included. |                   |                  |                |              |                           |           |         |          |          |
|---|-------------------|------------------|----------------|--------------|---------------------------|-----------|---------|----------|----------|
|   |                   |                  |                |              |                           |           |         |          |          |
| Estimated Costs   | :                 |                  |                |              |                           |           |         |          |          |
| Eor each employe  | e identified as w | orking on this V | /RS element nl | baso provido | the following information | n.        |         |          |          |
| T of cach employe   |                   |                  |                |              |                           |           |         |          |          |
| Direct Labor:   |                   |                  |                |              |                           |           |         |          |          |
|   |                   |                  |                |              |                           |           |         |          |          |
|   |                   |                  |                |              |                           |           |         | -        |          |
|   | Position          | Annual Base      |                |              | Deployment or             | Total     | Fringe  | Fringe   | Fully    |
| Number  | Title             | Labor Rate       | Annual Effort  | Costs        |                           | Salary by | Benefit | Benefits | Burdened |
| 1   |                   |                  |                |              | If applicable             | Employee  | Rale    |          | Salary   |
| 1 2   |                   |                  |                |              |                           |           |         |          | <u> </u> |
| 3   |                   |                  |                |              |                           |           |         |          |          |
| 4   |                   |                  |                |              |                           |           |         |          |          |
| 5   |                   |                  |                |              |                           |           |         |          |          |
| <b>U</b>  |                   |                  |                |              |                           |           |         |          |          |
|   |                   |                  |                |              |                           |           |         |          |          |
| Subtotal Direct L   | abor Costs:       |                  |                |              |                           |           |         |          |          |
| Overhead Rate:  |                   |                  |                |              |                           |           |         |          |          |
|   |                   |                  |                |              |                           |           |         |          |          |
| Overhead Costs:   |                   |                  |                |              |                           |           |         |          |          |

|                                     |                  |                  |        |   | 1 |  |  |
|-------------------------------------|------------------|------------------|--------|---|---|--|--|
| Total FTEs required:                |                  |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| Average Base Salary per FTE:        |                  |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| Average Fully Burdened Salary pe    | r FTE:           |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| In aggregate for each WBS Eleme     | nt please identi | fy the following | costs: |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| Direct Costs (other than labor)     |                  |                  |        |   |   |  |  |
| Travel*:                            |                  |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| Materials and Supplies:             |                  |                  |        |   |   |  |  |
| Materials and Supplies.             |                  |                  |        |   |   |  |  |
| Equipment and Accountable Prope     | ertv:            |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| Information Technology (Hardware    | & Software)*:    |                  |        |   |   |  |  |
|                                     | ,                |                  |        |   |   |  |  |
| Consultants:                        |                  |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| Subcontracts:                       |                  |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| Any other direct costs not included | above            |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| Subtotal Direct Costs (other tha    | n labor)         |                  |        |   |   |  |  |
| Cubtotal Divect Labor and Divect    | Cooto (othor (   | han lahan)       |        |   |   |  |  |
| Subtotal Direct Labor and Direct    |                  | inan iabor)      |        |   |   |  |  |
| General & Administrative Rate:      |                  |                  |        |   |   |  |  |
| Concrar & Administrative Rate.      |                  |                  |        |   |   |  |  |
| General and Administrative Costs:   |                  |                  |        |   |   |  |  |
|                                     |                  |                  |        |   |   |  |  |
| TOTAL COSTS PER WBS ELEM            | ENT              |                  |        |   |   |  |  |
|                                     |                  |                  |        | 1 | I |  |  |

\* If not included under separate SOO Functional Area.

## ATTACHMENT L-5 WORK BREAKOUT STRUCTURE Information other than Cost and Pricing Data

|    | CLIN   | S00        | WBS | Description  | Staffing by | Salary | Average   | Fringe   | Overhead | Equipment   | Materials & | Consultants & | Any Other    | G&A or         | Total Cost |
|----|--------|------------|-----|--|-------------|--------|-----------|----------|----------|-------------|-------------|---------------|--------------|----------------|------------|
|    | Number | Functional |     | Functions Performed under this<br>WBS                                  | FTE         | Costs  | Salary by | Benefits | Costs    | Accountable | Supplies    | Subcontracts  | Direct Costs | Indirect Costs | for WBS    |
|    |        | Area       |     |  |             |        | FTE       |          |          | Property    |             |               |              |                |            |
|    |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 1  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 2  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 3  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 4  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 5  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 6  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 7  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 8  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 9  |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
| 10 |        |            |     |  |             |        |           |          |          |             |             |               |              |                | ļ!         |
|    |        |            |     |  |             |        |           |          |          |             |             |               |              |                | ļ          |
|    |        |            |     |  |             |        |           |          |          |             |             |               |              |                | ļ!         |
|    |        |            |     | Subtotals for each SOO functional Area's:                              | x           | x      | x         | x        | x        |             | x           | x             | x            | x              | x          |
|    |        |            |     | General Management, Science<br>Support, Information                    |             |        |           |          |          |             |             |               |              |                |            |
|    |        |            |     | Technology, Infrastructure<br>Operations and Professional<br>Services, |             |        |           |          |          |             |             |               |              |                |            |
|    |        |            |     | and Transportation & Logistics   |             |        |           |          |          |             |             |               |              |                |            |
|    |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |
|    |        |            |     |  |             |        |           |          |          |             |             |               |              |                |            |