# Exhibit B Att B-1 Task Summary

Summary Task Budget		Costs		Major Subcontractor #2 Reimbursable Costs	Major Subcontractor #3 Reimbursable Costs	Totals
		Company Name	Company Name	Company Name	Company Name	
		SB MB DVBE None	SB MB DVBE None	SB MB DVBE None	SB MB DVBE None	
1.0	Name of Task 1					\$-
2.0	Name of Task 2					\$-
3.0	Name of Task 3					\$-
4.0	Name of Task 4					\$-
5.0	Name of Task 5					\$-
	Grand Totals	\$-	\$-	\$-	\$-	\$-

#### PLEASE SEE THE INSTRUCTIONS SHEET FOR DETAILED INFORMATION ON COMPLETING THIS FORM.

If the budget forms are not filled out completely your bid/proposal may be rejected.

For these boxes, be sure to include all costs: labor (unloaded rates) and non-labor costs (fringe, overhead, general & administrative, & profit and other direct operating costs). The totals are total costs to perform each task.

#### Exhibit B Att B-2 Category Summary

Summary Category Budget	Prime Contractor Reimbursable Costs Company Name	Major Subcontractor #1 Reimbursable Costs Company Name	Major Subcontractor #2 Reimbursable Costs Company Name	Major Subcontractor #3 Reimbursable Costs Company Name	Totals
Direct Labor					\$-
Fringe Benefits					\$-
Travel					\$-
Equipment					\$-
Materials/ Misc.					\$-
Minor Subcontractors*					\$-
Total Direct	\$-	\$-	\$-	\$-	\$-
Indirect Overhead					\$-
General & Administrative					\$-
Profit					\$-
Total Indirect	\$-	\$-	\$-	\$-	\$-
Grand Total	\$ -	\$-	\$-	\$-	\$-

PLEASE SEE THE INSTRUCTIONS SHEET FOR DETAILED INFORMATION ON COMPLETING THIS FORM.

If the budget forms are not filled out completely your bid/proposal may be rejected.

Direct Labor = unloaded rates X number of hours (Att B-3)

\* A Minor Subcontractor is any subcontractor receiving less than \$100,000 or 25% (whichever is less) of the Commission Funds.

## Exhibit B Att B-3 Prime Labor Rates

Company Name										
	e start of the project through		Projected Hourly L	Inloaded Rates (\$)*						
	t Term End Date. (Use your		From:	From:	From:	Total Hours				
organization's F	iscal Year start / end dates.)	To:	To:	To:	To:	Worked				
Name	Job Classification/Title	(\$) Unloaded Maximum Rate	(\$) Unloaded Maximum Rate	(\$) Unloaded Maximum Rate	(\$) Unloaded Maximum Rate	Worked				

\* Actual billable rates cannot exceed the rates specified in this exhibit.

\* Rates listed must be <u>unloaded</u> rates (that is, before fringe benefits, overhead, G&A or Profit). These rates must reflect the highest salary or wage rate that is actually paid to the employee.

PLEASE SEE THE INSTRUCTIONS SHEET FOR DETAILED INFORMATION ON COMPLETING THIS FORM. If the budget forms are not filled out completely your bid/proposal may be rejected.

#### Exhibit B Att B-3a Sub #1 Labor Rates

Company Name										
Time intervals from the sta				Pro	jected Ho	urly Rates	s (\$) <sup>*</sup>			
	rm End Date.(Use your			From:		From:		From:		Total Hours
organization's Fisca	l Year start / end dates.)	To:		To:		To:		To:		Worked
Name	Job Classification/Title		lloaded um Rate	(\$) Unloaded Maximum Rate		(\$) Unloaded Maximum Rate		(\$) Unloaded Maximum Rate		Worked

\* Actual billable rates cannot exceed the rates specified in this exhibit.

\* Rates listed must be <u>unloaded</u> rates (that is, before fringe benefits, overhead, G&A or Profit). These rates must reflect the highest salary or wage rate that is actually paid to the employee.

PLEASE SEE THE INSTRUCTIONS SHEET FOR DETAILED INFORMATION ON COMPLETING THIS FORM. If the budget forms are not filled out completely your bid/proposal may be rejected. Unhide additional Subcontractor sheets as necessary.

### Exhibit B Att B-4 Prime Non-Labor Rates

	Company Name											
					Pe	rcentage Rate						
<mark>through th</mark>	vals from the s ne Contract Ter on's Fiscal Yea	rm End Dat	te. (Use your	Fringe Benefits (FB)	Indirect Overhead (IOH)	General & Administrative (G&A)	Profit (P)					
From:		To:		%	%	%	%					
From:		To:		%	%	%	%					
From:		To:		%	%	%	%					
From:		To:		%	%	%	%					
From:		To:		%	%	%	%					

Note: Use the categories that you typically use in your standard business practice.

Non-Labor Rate Category	List the budget expense items to which the indirect costs or fees are applied. Use the following abbreviations: DL = Direct Labor, FB = Fringe Benefits, M = Materials/ Miscellaneous, EQ = Equipment, T = Travel, S = Subcontracts, IOH = Indirect Overhead, G&A = General & Administrative
Fringe Benefits	
Indirect Overhead	
General & Administrative	
Profit	

\* Prime Contractor profit not allowed on Subcontractor invoices.

t items you include in each category (e.g., vacation, retirement plan, telephone, secretarial, rent/lease, urance, etc.).									
Fringe Benefits	Indirect Overhead	General & Administrative							

\* Actual billable rates cannot exceed the rates specified in this exhibit.

PLEASE SEE THE INSTRUCTIONS SHEET FOR DETAILED INFORMATION ON COMPLETING THIS FORM. If the budget forms are not filled out completely your bid/proposal may be rejected.

#### Exhibit B Att B-4a Sub#1 Non-Labor Rates

	Company Name										
					Pe	rcentage Rate					
Time intervals from the start of the project through the Contract Term End Date. (Use your organization's Fiscal Year start / end dates.)				Fringe Benefits (FB)	Indirect Overhead (IOH)	General & Administrative (G&A)	Profit (P)				
From:		To:		%	%	%	%				
From:		To:		%	%	%	%				
From:		To:		%	%	%	%				
From:		To:		%	%	%	%				
From:		To:		%	%	%	%				

Note: Use the categories that you typically use in your standard business practice.

Non-Labor Rate Category	List the budget expense items to which the indirect costs or fees are applied. Use the following abbreviations: DL = Direct Labor, FB = Fringe Benefits, M = Materials/ Miscellaneous, EQ = Equipment, T = Travel, S = Subcontracts, IOH = Indirect Overhead, G&A = General & Administrative
Fringe Benefits	
Indirect Overhead	
General & Administrative	
Profit	

\*Subcontractor profit is not allowed on Sub-subcontractor invoices.

List items you include in each category (e.g., vacation, retirement plan, telephone, secretarial, rent/lease, insurance, etc.).									
Fringe Benefits	Indirect Overhead	General & Administrative							

\* Actual billable rates cannot exceed the rates specified in this exhibit.

PLEASE SEE THE INSTRUCTIONS SHEET FOR DETAILED INFORMATION ON COMPLETING THIS FORM. If the budget forms are not filled out completely your bid/proposal may be rejected. Unhide additional Subcontractor sheets as necessary.

#### Attachment 7

## Exhibit B Att B-5 Direct Operating Expenses

Pre-approved Travel List *									
Task No.	Prime / Sub Name	Trip #	Who	Departure and Destination	Trip Purpose	Amount Commission Funds			
2	Prime	2-1	Bob Williams & Jane Condor	Los Angeles to Sacramento	Kickoff Meeting	\$100			
3	UC Berkeley	3-1 - 3-4	Principal Investigator & Research Assistant	Los Angeles to Mobile, AL	Four trips for PAC Meetings @ \$300 per trip	\$1,200			
Total:						\$0			

\* Travel is reimbursed at state rates.

	Equipment**									
Task	Primo / Sub	Prime / Sub			Amount Commission					
No.	Name	Description	Purpose	# Units	Unit Cost	Funds				
** 🗖	Total:									

\*\* Equipment is defined as having an acquisition unit cost of at least \$5,000. See instructions for more details.

# Exhibit B Att B-5 Direct Operating Expenses

 Material(s)/ Miscellaneous Costs

 Task
 Prime / Sub
 Amount

 No.
 Name
 Description
 Purpose
 # Units
 Unit Cost
 Amount

 Image: Commission No.
 Name
 Description
 Purpose
 # Units
 Unit Cost
 Funds

 Image: Commission No.
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name

 Image: Commission Name
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name

 Image: Commission Name
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name

 Image: Commission Name
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name

 Image: Commission Name
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name

 Image: Commission Name
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name

 Image: Commission Name
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name

 Image: Commission Name
 Image: Commission Name
 Image: Commission Name
 Image: Commission Name

 Image: Commission Name
 Image: Commission Name

	Minor Subcontractors										
Task No.	Subcontractor Legal Name	Purpose	DVBE? (Yes/No)	Small/ Micro Business (SB/MB)	Amount Commission Funds						
	Total:										

PLEASE SEE THE INSTRUCTIONS SHEET FOR DETAILED INFORMATION ON COMPLETING THIS FORM. If the budget forms are not filled out completely your bid/proposal may be rejected.

October, 2012 Attachment 7 Attachment 7

#### Not a Contract Document Att B-6 Loaded Rate Calculation

Job Classification/Title	DL	-	FB %	FE	B Base	FE	3\$	IOH %	10	H Base	ю	Н\$		G8 Ba	&A ase	G&AS		Profit %	Profit Base		Profit \$		Loaded Hourly Rate	
EXAMPLE 1	\$	40.00	40%	\$	40.00	\$	16.00	35%	\$	40.00	\$	14.00	15%	\$	40.00	\$	6.00	10%	\$	40.00	\$	4.00	\$	80.00
EXAMPLE 2	\$	40.00	40%	\$	40.00	\$	16.00	35%	\$	40.00	\$	14.00	15%	\$	56.00	\$	8.40	10%	\$	40.00	\$	4.00	\$	82.40
			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%	Ŧ	-	\$	-	0%	\$	-	\$	-	0%	\$	-	\$	-	\$	-
			0%	\$	-	\$	-	0%		-	\$	-	0%	\$	-	\$	-	0%	\$	-	\$	-	\$	-
				\$		\$	-	0%	. · ·	-	\$	-	0%	· ·	-	\$	-	0%	· ·	-	\$	-	\$	-
				\$		\$	-	0%		-	\$	-	0%		-	\$	-	0%	· ·	-	\$	-	\$	-
			0%	\$	-	\$	-	0%	\$	-	\$	-	0%	\$	-	\$	-	0%	\$	-	\$	-	\$	-

Instructions:

The purpose of this form is to illustrate how the previous forms capture the break-out of a company's loaded rates. This is not a contract document. This form may be used in some solicitations for Cost Evaluation purposes but is otherwise just for the Bidder's Use.

The loaded rate is the sum of the unloaded hourly rate/ Direct Labor Rate (DL), plus Fringe Benefits (FB), plus Indirect Overhead (IOH), plus General & Administrative (G&A), plus Profit.

1. Insert all Job Classifications to be charged to this agreement.

- 2. Insert the DL Rate for each classification. This is the rate that is actually paid to the employee (before FB, IOH, G&A, or Profit).
- 3. Insert the FB% to be charged to this agreement and copy for each job classification.
- 4. Insert the Base \$ amount for FB (usually just the DL amount).
- 5. The FB \$ will automatically calculate based on the FB% and the FB Base.
- 6. Complete steps 3 and 4 for IOH, G&A, and Profit.

NOTE: This form automatically calculates the base for all indirect rates as the Unloaded Hourly/ Direct Labor rate (FB% x DL = FB \$) (See Example 1). Some companies may charge indirects on other indirects, for example, the G&A % rate may be charged on a base of DL +FB. If this is the case, the G&A Base must be modified to read =B2+E2 instead of just =B2. (See example 2)

7. If your company standard is to charge clients at a Loaded Rate, verify that the Loaded Rate calculated on this sheet is accurate. The Loaded Rate is for verification purposes only. Contractor must invoice with detailed break-out information.

Acronyms:								
Direct Labor (Unloaded Hourly Rate)	DL							
Fringe Benefits	FB							
Indirect Overhead	IOH							
General & Administrative	G&A							