**APPROVED DOCUMENT—**This document is approved by the Office of the President and Office of the General Counsel for use by the Facility.

# Cover Sheet and Instructions

COST PROPOSAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PURPOSE OF DOCUMENT: | For use by Contractor to prepare Cost Proposal and for Contractor and each subcontractor to prepare supporting documentation for the cost proposal. | | | | | |
| CROSS-REFERENCES TO FACILITIES MANUAL (FM): | **FM5: 13.2.1** | | | | | |
| CONTENTS: | Cost Proposal form | | | | | |
| FOR USE WITH:  (Not Applicable to Some Documents) | ✓ | CMAR |  | Brief Form  (BF) |  | Multiple Prime  (MP) |
| COMPLETED BY: | ✓ | Filling In |  | Adding Text |  | No Data Required |
| ITS USE IS: | ✓ | Required |  | Optional | | |

**Completion Instructions:**

1. The CM/Contractor completes the form. CM/Contractor and each subcontractor involved prepares the following portion of the supporting documentation, as applicable:
   1. Supporting Documentation for the Cost Proposal Summary,
   2. Cost Breakdown for Supporting Documentation
   3. Labor Breakdown for Supporting Documentation
2. The Facility may direct the CM/Contractor to complete any or all of the supporting documentation listed above, as applicable to the Project and/or Change Order.

**Modifications and Additions:**

The Supporting Documentation table Item 7 has been changed to provide that the schedule of rental charges from the California Department of Transportation must be attached.

**Comments:**

None.

**END OF COVERSHEET AND INSTRUCTIONS**

COST PROPOSAL

Date: Change Order Request No.:

University of California, {Facility Name}

Scope of Change:

Instructions:

1. Complete this form by providing (a) all information required above, (b) the amount and justification based upon the Contract Schedule for any proposed adjustment of Contract Time, (c) the proposed adjustment of Contract Sum, (d) the attached “Cost Proposal Summary,” (e) the attached form titled, “Supporting Documentation for the Cost Proposal Summary,” (f) the attached form titled “Cost Breakdown for Supporting Documentation,” and (g) the attached form titled “Labor Breakdown for Supporting Documentation.” Items (f) and (g) listed above are optional and shall be completed as instructed.

2. Attach the forms titled “Supporting Documentation for the Cost Proposal Summary”, “Cost Breakdown for Supporting Documentation,” and “Labor Breakdown for Supporting Documentation”, for CM/Contractor and each Subcontractor involved in the Extra Work. Each such form shall be completed and signed by CM/Contractor or Subcontractor actually performing the Work activity identified on the form. Attach supporting data to each such form to substantiate the individually listed costs. The costs provided on these forms shall be used to substantiate Additional Costs shown on the Cost Proposal Summary.

3. The CM/Contractor Fee shall be computed on the Cost of Extra Work of CM/Contractor if the Contract Sum exceeds the maximum anticipated contract value and each Subcontractor involved in the Extra Work; and shall constitute full compensation for all costs and expenses related to the subject change and not listed in the “Supporting Documentation for the Cost Proposal Summary,” including overhead and profit.

4. Refer to Article 7.3 of the General Conditions for the method of computing the CM/Contractor Fee.

Adjustment of the Contract Time (Include justification based upon the Contract Schedule):

(Days)

Refer to Article 8 of the General Conditions.

Adjustment of the Contract Sum (Total from line 18, col. 4 of Cost Proposal Summary): $

Refer to Article 7 of the General Conditions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submitted: | |  | Received: | |
| (CM/Contractor) | |  | (University's Representative) | |
| By: | (Signature) |  | By: | (Signature) |
| Title: |  |  | Title: |  |
| Date: |  |  | Date: |  |

COST PROPOSAL SUMMARY

Change Order Request No.:

CM/Contractor Name:

University of California, {Facility Name}

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | (1) | (2) | (3) | (4) |
|  |  | Contractor | 1st Tier Subs | 2nd & Lower Tier Subs | Total |
|  | 1. Straight Time Wages/Salaries - Labor |  |  |  |  |
|  | 2. Fringe Benefits and  Payroll Taxes - Labor |  |  |  |  |
|  | 3. Overtime Wages/Salaries - Labor |  |  |  |  |
| ACTUAL | 4. Fringe Benefits and  Payroll Taxes - Overtime |  |  |  |  |
| COSTS | 5. Materials and Consumable Items |  |  |  |  |
|  | 6. Sales Taxes (On line 5) |  |  |  |  |
|  | 7. Rental Charges |  |  |  |  |
|  | 8. Royalties |  |  |  |  |
|  | 9. Permits |  |  |  |  |
|  | 10.Total Direct Expense (Sum of lines 1-9) |  |  |  |  |
|  | 11. Insurance & Bonds (up to 2% of line 10) |  |  |  |  |
|  | 12. Sub-Sub (15% of line 10; col. 3) |  |  |  |  |
|  | 13. Subcontractor (5% of line 10; col. 3) |  |  |  |  |
| CM/CONTRACT-OR | 14. Subcontractor (15% of line 10; col. 2) |  |  |  |  |
| FEE | 15. CM/Contractor (5% of line 10; col. 2 & 3) |  |  |  |  |
|  | 16.CM/ Contractor (15% of line 10; col. 1) |  |  |  |  |
|  | 17. CM/Contractor Fee (Sum of lines 12-16) |  |  |  |  |
| TOTAL | 18. Sum of lines 10, 11, & 17 |  |  |  |  |

Actual Costs are taken from line 12 of the attached forms titled, “Supporting Documentation For the Cost Proposal Summary” for CM/Contractor and each Subcontractor involved in the Extra Work.

SUPPORTING DOCUMENTATION FOR THE COST PROPOSAL SUMMARY

CM/Contractor/Subcontractor Name: Change Order Request No.:

Work Activity:

University of California, {Facility Name}

|  |  |  |
| --- | --- | --- |
| COST ITEM | DESCRIPTION | COST (1) |
|  | 1. Straight Time Wages/Salaries -- Labor |  |
|  | 2. Fringe Benefits and Payroll Taxes -- Labor:           % of line 1 |  |
|  | 3. Overtime Wages/Salaries - Labor (Attach University Representative's written authorization) |  |
| ACTUAL | 4. Fringe Benefits and Payroll Taxes -- Overtime:            % of line 3 |  |
| COSTS | 5. Materials and Consumable items |  |
|  | 6. Sales Taxes:            % of line 5 |  |
|  | 7. Rental Charges (attach CalTrans’ Schedule) |  |
|  | 8. Royalties |  |
|  | 9. Permits |  |
|  | 10. Total Direct Expense -- sum of lines 1-9 |  |
| 11. Insurance and Bonds % of line 10 (up to 2% of line 10) |  |
| TOTAL | 12. Sum of lines 10 and 11 |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Company Name) |  | (CM/Contractor’s Company Name) |
|  |  |  |
| (Signature) (2) |  | (Signature) (3) |
|  |  |  |
| (Title) |  | (Title) |
|  |  |  |
| (Date) |  | (Date) |

Notes: (1) Round off all costs to the nearest dollar.

(2) This form shall be prepared and signed by CM/Contractor or Subcontractor actually performing the Work activity indicated above.

(3) If this form is signed by a Subcontractor, it shall be reviewed and signed by CM/Contractor certifying the accuracy of the information.

This form is optional. If used coordinate with optional (Grey highlighted) text of the Cost Proposal

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COST BREAKDOWN FOR SUPPORTING DOCUMENTATION**  Change Order Request No.  CM/CONTRACTOR OR SUBCONTRACTOR NAME: JOB/CONTRACT NOS.:  DATE: | | | | | | | | | | | | |
| ITEM NO. | DESCRIPTION | MATERIAL | | | LABOR | | | EQUIPMENT | | | TOTAL COST | |
| AMT | UNIT COST | COST | HRS | LABOR RATE\* | COST | HRS | EQ RATE | COST | ADD | DEDUCT |
|  |  |  |  |  |  |  |  |  |  |  | PROPOSED COST | ORIG. BID COST |
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|  | Sales Tax |  |  |  |  |  |  |  |  |  |  |  |
|  | Total Cost |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | TOTAL NET COST (sum of Total Cost column) | | | |  |

This form is optional. If used coordinate with optional (Grey highlighted) text of the Cost Proposal

***LABOR RATE BREAKDOWN for SUPPORTING DOCUMENTATION***

*CM/CONTRACTOR/SUBCONTRACTOR Date:*

*(1)$ BASIC HOURLY RATE for CRAFT*

*Prevailing Wage Employer Payments*

*HEALTH AND WELFARE*

*PENSION*

*VACATION/HOLIDAY*

*TRAINING*

*(2)$ Subtotal - Employer Payments*

*Labor Burden paid by Employer*

*WORKERS COMP INSURANCE*

*STATE UNEMPLOYMENT (SUI)*

*FED UNEMPLOYMENT (FUI)*

*SOCIAL SECURITY (FICA)*

*MEDICARE (FMI)*

*(3)$ Subtotal - Burden*

*$ TOTAL LINES 1 +2 +3*

*I certify the above information is true and correct*

*Signed:*