

ATTACHMENT A – FEE & RATE PROPOSAL FORM

(Required)

A. Hourly Labor Rates

(All rates shall be fully burdened and inclusive of all costs.)

SCCOE Labor Category	Firm Internal Title(s)	Hourly Rate
Project Manager / Engineer		\$
Senior Special Inspector		\$
Special Inspector		\$
Technician		\$
Project Administration / Reporting		\$

B. Laboratory Testing Unit Rates

Test Type	Unit Rate
Concrete compression test (per cylinder)	\$
Proctor test (per test)	\$

C. Acknowledgements

- Rates include all travel, equipment, and incidental costs
- Pricing will be evaluated using an SCCOE-standardized basis
- Retesting due to non-conforming work will not be billed to SCCOE

Authorized Signature: _____

Name / Title: _____

Date: _____