



## CONSULTANT FEE PROPOSAL WORKSHEET

Project Description: <i>(Project Title, Facility Name and Address)</i>  <b>SUNY - Upstate Medical University SAMPLE</b>	Consultant Name and Address:	Date: Phase: Agency: <span style="float: right;">Upstate <b>28810</b></span> Prepared By:
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### Breakdown of Tasks

Instructions: Please provide a separate task breakdown as specified in the Scope of Services.

Task Description	Employee Hours per Task								Total Hours	
	Employee Title	Principle	Associate	Project Manager	Project Architect	Engineer	Intern Architect	Drafter		
Scope and Budget			6.00						6.00	
Project Management		6.00		8.00					14.00	
Plan Room Research				2.00			2.00		4.00	
Code Review					4.00				4.00	
Field Work - Electrical						2.00			2.00	
Investigate Materials							2.00		2.00	
Meetings with Client		2.00	2.00						4.00	
CADD Setup								4.00	4.00	
Drafting									0.00	
Site and Floor Plans								20.00	20.00	
Elevations								20.00	20.00	
Specifications					4.00				4.00	
									0.00	
									0.00	
									0.00	
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									0.00	
									0.00	
									0.00	
									0.00	
<b>Total Employee Hours</b>		8.00	8.00	10.00	8.00	2.00	4.00	44.00	0.00	84.00
<b>Actual Labor Wages NOT Billing Rates x Hourly Rate</b>		\$50.10	\$41.15	\$33.53	\$35.25	\$35.25	\$28.82	\$19.10		
<b>Total Direct Cost</b>		\$400.80	\$329.20	\$335.30	\$282.00	\$70.50	\$115.28	\$840.40	\$0.00	\$2,373.48
<b>Must be less than &lt;2.4 x Overhead Multiplier</b>										<b>1.35</b>
									<b>Subtotal</b>	<b>\$3,204.20</b>
<b>Must be less than &lt;.15% X Profit (.00)</b>										<b>\$480.63</b>
<b>Total Personnel Days</b>		<b>10.5</b>	<b>Round numbers to nearest whole dollar. Total Consultant FEE</b>							<b>\$3,685</b>

### Not to exceed 10% of contract value

Reimbursable Expenses:		No.	Contract Rate	Total
<b>Mileage:</b>	Estimate miles at Contract rate (over 35 miles one way).		miles @	\$0.00
<b>Lodging:</b>	At Contract per diem rates for the location of the facility.	2	night(s) @ \$59.00	\$118.00
<b>Meals:</b>	At Contract per diem rates for the location of the facility.	2	overnight(s) @ \$75.00	\$150.00
<b>Other Allowable Expenses:</b> Identify expenses below.				
A. Printing of Project Manual				\$100.00
B.				
C.				
<b>Round numbers to nearest whole dollar. Total Reimbursable Expenses</b>				<b>\$368.00</b>
<b>Round numbers to nearest whole dollar. TOTAL FEE</b>				<b>\$4,053</b>