

Company's Name: _____

PRICE QUOTATION				
1.0 DIRECT LABOR (DL)	NAME, TITLE AND LABOR CATEGORY	DAILY (8HR) RATE	EFFORT NO. DAYS	ITEM TOTAL \$
	SUBTOTAL DIRECT LABOR			
2.0 OVERHEAD (OH) + GENERAL ADMINISTRATIVE (G&A)				
3.0 OTHER DIRECT COSTS (ODC)				
	AIR FARE			
	PER DIEM -\$			
	LOCAL TRANSPORTATION & AIRPORT TAX			
	TAXI TO & FROM AIRPORT & TRIP PREPARATION			
	MISCELLANEOUS INCLUDING TELEPHONE & FAX			
	DBA INSURANCE (1.44X\$100)			
	MEDEVAC COVERAGE (\$27.00 FOR 1-10 DAYS)			
	SUBTOTAL OTHER DIRECT COSTS (ODC)			
	SUBTOTAL DL + OH + G&A + ODC			
4.0 PROFIT				
5.0 TOTAL FIXED PRICE				

Defense Base Act Insurance
 DBA Insurance coverages is required by law.
 (See FAR 28.305) Rate in effect: \$1.84 per
 \$100 of employee remuneration.

Contact: Diane Proctor
 Agent: Rutherford International

Contact MEDEX Assistance Corporation to
 obtain MEDEVAC Coverage

Contact: Diana Winslow
 P.O. Box 5375
 Timonium, MD 21094-5375
 Phone: (410) 453-6300 or (800) 537-2029

Company's Name: _____

5500 Cherokee Avenue, Suite 300
Alexandria, VA 22312
Phone: (703) 354-1616 or (800) 274-0268
Facsimile: (703) 354-0370
Contract No. HNE-Q0098-00-1-63-00
dproctor@rutherfordord.com

Facsimile: (410) 453-6301
dwinslow@medexassist.com
Applicants should request coverage in
accordance with USAID Contract No.
HNEQ00-98-00106-00