

Facilities Project Services

Phone: 610-683-4120 Fax: 610-683-1324

WOC Proposal - GC/HC/PC/EC

CONTRACTOR:				
KU Project Number:	Date:			
Description				
Labor Costs (Using Current Contract Rates)				
	Contract			
Labor Classification	Rate **	Hours		Total Cost
	Total Labo	Total Labor Cost		
** Fully Burdened Contractual Rate. If Prevailing Wage Rate is r revised contractual rate.	required and is higher than	the contract rate,	use form FPS	038 to determine the
Material Costs* (Material mark-up percentage is per contract	. Invoices required for ite	ms > \$500)		
		Contractual	Mark-Up	
Description	Cost	Mark-up Amt.	%	Total Cost
			10%	
			10%	
			10%	
	Total Material Cost			
Subcontracted Work* (Work performed for which there is n	no contractual labor classi	fication/rate & a Su	b is used)	
		Contractual	Mark-Up	Talal Ocal
Description	Cost	Mark-up Amt.	%	Total Cost
		<u> </u>	10%	
		-	10%	
	_		10%	
	Total Subcontract Work			
Equipment Costs* (Equipment not specifically listed in the c	contract will be reimbursed Contract	d at contractor cost	: plus 10%)	
Description	Rate	Hours		Total Cost
,				
	Total Foui	oment Costs		
* Attach supporting documentation, quotes, etc.	rotal Equi			
	Proposal G	rand Total		

Form FPS 024 Rev. 2/16