



# COST PROPOSAL

Attachment #1

**RFP: 23128**

**Community Liaison and Workforce Development Support Consultant Services**

**FIRM:**

| Position | Job Function | Name | Max Billing Rate (2023) | Total Effort (%) |
|----------|--------------|------|-------------------------|------------------|
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |
|          |              |      | \$ -                    |                  |

|                             |  |                 |                      |       |          |              |
|-----------------------------|--|-----------------|----------------------|-------|----------|--------------|
| Company Name                |  | Address         | City                 | State | ZIP Code | Phone Number |
| Alaska Business License No. |  | Vendor Tax I.D. |                      |       |          |              |
| _____                       |  |                 | _____                |       |          |              |
| Authorized Signature        |  | Date            | Typed Name and Title |       |          |              |

The hourly rate proposed by the successful Proposer must include all direct and indirect costs associated with the performance of the contract, including total hours at various hourly rates, direct expenses, payroll, supplies, overhead assigned to each person working on the project, percentage of each person’s time devoted to the project, shipping and delivery costs, costs of deliverables, meals and any other associated costs with the performance of this Contract (except travel), whatever rates are proposed must be used consistently throughout the Contract.