

**EXHIBIT 3
PRIME OFFEROR
GOVERNMENT PRICING MODEL SUMMARY BY ELEMENTS OF COST**

Elements of Cost	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5	Grand Total
DIRECT LABOR HOURS						
DIRECT LABOR COST						
OVERHEAD						
OTHER DIRECT COSTS:						
(LIST)						
SUBTOTAL COSTS						
G&A						
TOTAL ESTIMATED COST						
MAXIMUM AVAILABLE AWARD FEE						
TOTAL COST PLUS AWARD FEE						

Offerors may adjust elements of cost to be consistent with your current accounting system.

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EXHIBIT 4

CONTRACT SOURCE OF PERSONNEL

Total Number of Staff	Labor Category/Position Title	Labor Category Code*	Personnel Available Within Company	Personnel to be Obtained from Incumbent	Outside Hired Staff
TOTAL					

*Code each Labor Category: S=SALARIED; H=HOURLY; U=UNION; E=EXEMPT; NE=NON-EXEMPT DOL/WD DETERMINATION; I=INCUMBENT; SU=SUBCONTRACTOR

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**EXHIBIT 5
SUMMARY OF INDIRECT RATES**

	Overhead Onsite Bid Rate	Overhead Offsite Bid Rate	Overhead Mfg Site Bid Rate	G&A Expense Bid Rate	Other (Identify)** Bid Rate
Contract Year 1 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____					
Contract Year 1 Composite					
Contract Year 2 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____					
Contract Year 2 Composite					
Contract Year 3 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____					
Contract Year 3 Composite					
Contract Year 4 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____					
Contract Year 4 Composite					
Contract Year 5 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____					
Contract Year 5 Composite					
Contract Year 6 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____					
Contract Year 6 Composite					
BASE OF APPLICATION - INDIRECT RATE APPLIED AGAINST (Specify Base***):					

*Explain Basis of Allocation of Contractor FY Rates to Obtain Contract Year Rates

**If Multiple "Other" Indirect Rates - Add additional columns and specify each individually

***Explanation of Base of Application

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**EXHIBIT 6A
OVERHEAD (Composition of Burden Pool)**

Overhead or Service Center Pool = _____

(Specify Type of Overhead Burden, e.g. Labor, Onsite, Offsite, Engineering, Procurement, Service Center(s), etc. - See Page 2)

OFFEROR'S FISCAL YEAR BEGINS _____ AND ENDS _____.

Cost Elements within the Overhead Burden Pool	Contractor Fiscal Year Prior Yr 3**	Contractor Fiscal Year Prior Yr 2**	Contractor Fiscal Year Prior Yr 1**	Contractor Fiscal Year					
Total Overhead Pool Expenses									
Base of Distribution (identify) Dollars:									
Existing Base									
Forecasted Base*									
Contractor FY Rate (%)									
Conversion of Contractor FY Overhead Rate to Contract Year (CY)				CY 1	CY 2	CY 3	CY 4	CY 5	CY 6
Proposed Overhead Bid Rate by CY									

If more than one Overhead Pool is proposed, submit a separate Exhibit for each Pool.

*Provide details of the forecasted base.

**If 8(a) Unpopulated Joint Venture (JV), provide actual expenses for both entities that comprise the JV.

Type of Overheads - Examples include:

- Material Overhead
- Manufacturing Overhead
- Engineering Overhead
- Field Service Overhead
- Site Overhead

Typical Costs Found in an Overhead Expense Pool

Material Overhead

- Acquisition (Purchasing)
- Inbound transportation
- Indirect labor
- Employee related expenses (shift & overtime premiums, employee taxes, fringe benefits)
- Receiving and inspection
- Material handling and storage
- Vendor quality assurance
- Scrap sales credits
- Inventory adjustments

Operations Overhead (e.g., Manufacturing, Engineering, Field Service, and Site Operations)

- Indirect labor and supervision
- Perishable tooling (primarily in manufacturing overhead)
- Employees related expenses (shift & overtime premiums, employee taxes, fringe benefits)
- Indirect material & supplies (small tools, grinding wheels, lubricating oils)
- Fixed charges (e.g., depreciation, insurance, rent, property taxes)
- Downtime of direct employees (training, vacation pay, regular pay) when not working on a specific contract/job

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EXHIBIT 6B

GENERAL AND ADMINISTRATIVE (G&A) (Composition of Burden Pool)

OFFEROR'S FISCAL YEAR BEGINS _____ AND ENDS _____.

Cost Elements Within the G&A Expense Pool	Contractor Fiscal Year Prior Yr 3**	Contractor Fiscal Year Prior Yr 2**	Contractor Fiscal Year Prior Yr 1**	Contractor Fiscal Year					
Labor:									
Labor Related Cost:									
B&P IR&D Corporate Allocations:									
Other (Specify):									
Total G&A Pool Expenses									
Base of Distribution (identify) Dollars:									
Existing Base									
Forecasted Base*									
Contractor FY Rate (%)									
Conversion of Contractor FY G&A Rate to Contract Year (CY)				CY 1	CY 2	CY 3	CY 4	CY 5	CY 6
Proposed G&A Bid Rate by CY									

If more than one G&A Pool is proposed, submit a separate Exhibit for each Pool.

*Provide details of the forecasted base.

**If 8(a) Unpopulated Joint Venture (JV), provide actual expenses for both entities that comprise the JV.

General and Administrative (G&A) Expenses. These are management, financial, and other expenses related to the general management and administration of the business unit as a whole. To be considered a G&A Expense of a business unit, the expenditure must be incurred by, or allocated to, the general business unit. Examples of G&A Expense include:

Salary and other costs of the executive staff of the corporate or home office.

Salary and other costs of such staff services as legal, accounting, public relations, and financial offices

Selling and marketing expenses

Typical Costs Found in a G&A Expense Pool

General & executive office

Staff services (legal, accounting, public relations, financial)

Selling and marketing

Corporate or home office

Independent research and development (IR&D)

Bid and proposal (B&P)

Other miscellaneous activities related to overall business operation

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EXHIBIT 7

SUMMARY OF RECURRING OTHER DIRECT COSTS (ODCs)/COST ESTIMATING RELATIONSHIPS (CERs)

	Specify ODC* Percentage/Rate/Amount**	Specify ODC* Percentage/Rate/Amount**	Specify ODC* Percentage/Rate/Amount**	Specify ODC* Percentage/Rate/Amount**
(Cross-Reference nomenclature for Exhibit 1A -->)	(A)	(B)	(C)	(D)
Contract Year 1 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____				
Contract Year 1 Composite				
Contract Year 2 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____				
Contract Year 2 Composite				
Contract Year 3 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____				
Contract Year 3 Composite				
Contract Year 4 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____				
Contract Year 4 Composite				
Contract Year 5 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____				
Contract Year 5 Composite				
Contract Year 6 *Portion of Contractor FY From: _____ to _____ *Portion of Contractor FY From: _____ to _____				
Contract Year 6 Composite				
BASE OF APPLICATION - PERCENTAGE/RATE/AMOUNT APPLIED AGAINST (Specific Base***):				

* Type/Name of Recurring ODC (i.e. Computer Usage, Program Management, Administrative Support, Depreciation, etc.)

**Specify ODC as either a percentage of (%), rate, and/or dollar amount (\$)

***Explanation of Basis of Application

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**EXHIBIT 8
PHASE-IN COSTS**

Elements of Cost	Proposed Costs
DIRECT LABOR HOURS <i>(Derived from Page 2 of 2)</i>	
DIRECT LABOR COST <i>(Derived from Page 2 of 2)</i>	
OVERHEAD	
OTHER DIRECT COSTS:	
Relocation	
Training	
Subcontracts	
Travel	
Other (detail)	
TOTAL ODCS	
SUBTOTAL COSTS	
G&A	
TOTAL COSTS	
PROFIT	
TOTAL FIRM FIXED PRICE	

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EXHIBIT 9

**PRODUCTIVE WORK YEAR CALCULATION &
DIRECT LABOR ESCALATION RATE**

	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5
Total Possible Hours in Year					
Less:					
Vacation in Hours					
Holidays in Hours					
Sick Leave in Hours					
Miscellaneous in Hours (specifically identify)					
PRODUCTIVE WORK YEAR in Hours (Hours Actually Worked)					
DIRECT LABOR ESCALATION RATE					

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**EXHIBIT 10A
FRINGE BENEFITS (FB)
(Total Compensation Plan)**

Exempt Employees

Company Or Division Name:

Employer Location(s):

Effective:

Benefit Item	Total Cost of FB per Hour	Percentage AND Cost Per Hour of Employee Contribution		Percentage AND Cost Per Hour of Company Contribution		Remarks
		%	\$	%	\$	
Insurance Plans						
Health						
Life						
Dental						
Disability						
Other (List)						
Sick Leave						
Employee Savings						
Severance Pay						
Vacation						
Holidays						
Other (List)						
Total Cost of FB						

NOTE: This is a SAMPLE format only and reflects examples of fringe benefit items your company package may include. All costs should be shown in cents-per-hour (9 Holidays = \$.185). It is recognized that such costs will be averages for the different employee categories involved (EXEMPT, UNION, etc.). Each benefit item should be briefly highlighted. EXAMPLE: Vacation – “2 weeks after one year, 3 after seven years, and 4 after fifteen years.” Only company costs should be shown, if a specific benefit item is contributory by the employee, explain separately.

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**EXHIBIT 10B
FRINGE BENEFITS (FB)
(Total Compensation Plan)**

Non-Exempt Employees

Company Or Division Name:

Employer Location(s):

Effective:

Benefit Item	Total Cost of FB per Hour	Percentage AND Cost Per Hour of Employee Contribution		Percentage AND Cost Per Hour of Company Contribution		Remarks
		%	\$	%	\$	
Insurance Plans						
Health						
Life						
Dental						
Disability						
Other (List)						
Sick Leave						
Employee Savings						
Severance Pay						
Vacation						
Holidays						
Other (List)						
Total Cost of FB						

NOTE: This is a SAMPLE format only and reflects examples of fringe benefit items your company package may include. All costs should be shown in cents-per-hour (9 Holidays = \$.185). It is recognized that such costs will be averages for the different employee categories involved (EXEMPT, UNION, etc.). Each benefit item should be briefly highlighted. EXAMPLE: Vacation – “2 weeks after one year, 3 after seven years, and 4 after fifteen years.” Only company costs should be shown, if a specific benefit item is contributory by the employee, explain separately.

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EXHIBIT 11A

Cognizant Defense Contract Audit Agency (DCAA) Office Information

DCAA Online Info <http://www.dcaa.mil>

Submitting Entity:		DCAA Field Audit Office (FAO):	
Company Name:		DCAA FAO:	
POC:		POC:	
Phone Number:		Phone Number:	
FAX Number:		FAX Number:	
E-Mail Address:		E-Mail Address:	
Street:		Street:	
P.O.Box:		P.O.Box:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

Note: The submitting entity audit point of contact (POC) and address provided above must be at a location where auditable records supporting the proposed amounts physically reside.

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EXHIBIT 11B

Cognizant Defense Contract Management Agency (DCMA) Office Information

DCMA Online Info <http://www.dcma.mil>

Submitting Entity:		DCMA Cognizant Office:	
Company Name:		DCMA Office	
POC:		POC:	
Phone Number:		Phone Number:	
FAX Number:		FAX Number:	
E-Mail Address:		E-Mail Address:	
Street:		Street:	
P.O.Box:		P.O.Box:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

Disclosures:	<u>Date</u>	<u>Audit Report #</u>	<u>Status</u>
Contractor Estimating System Review (CESR)			
Contractor Purchasing System Review (CPSR)			
Contractor Billing System Review			
Contractor Accounting System Review			
Contractor Disclosure Statement Accuracy			
Contractor Executive Compensation Review			
Contractor Property Management System			
Forward Pricing Rate Agreements			
Earned Value Management System (EVMS)			
Level of CAS applicability			
Determination of Cost Accounting Standards (CAS) applicability			

Note: The submitting entity audit point of contact (POC) and address provided above must be at a location where auditable records supporting the proposed amounts physically reside.

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EXHIBIT 12

SMALL BUSINESS SUBCONTRACTING PLAN GOALS

BUSINESS CATEGORY	PROPOSED GOALS BASED ON IDIQ MAXIMUM ORDERING VALUE of \$??M		PROPOSED GOALS BASED ON TOTAL PLANNED SUBCONTRACTS of \$TBP	
	Dollar Amount*	Percentage	Dollar Amount*	Percentage
Small Disadvantaged Business Concerns				
Women-Owned Small Business Concerns				
Historically Black Colleges and Universities/Other Minority Institutions				
HUBZone Small Business Concerns				
Veteran-Owned Small Business Concerns				
Service-Disabled Veteran-Owned Small Business Concerns				
Other Small Business Concerns				
TOTAL SMALL BUSINESS SUBCONTRACTING				
Large Business Concerns				
TOTAL SUBCONTRACTING (SMALL & LARGE BUSINESS CONCERNS)				

* Dollar Amount should be the same