MARIN CITY COMMUNITY SERVICES DISTRICT

EXHIBIT E — COST PROPOSAL FORM

Construction Project Coordinator / Project Management Services

Complete this form and submit it as a separate PDF from the technical proposal, labeled "COST PROPOSAL - DO NOT OPEN WITH TECHNICAL PROPOSAL." Do not include pricing in the technical proposal.

1. Proposer Information

Firm name: _____

Contact person / title: _____

Email / telephone: _____

Proposal date: _____

2. Proposed Compensation

Indicate the proposed pricing approach (check one or explain if combined): ☐ Fixed fee ☐ Time and materials, not to exceed ☐ Other: _____

Proposed total not-to-exceed fee for initial one-year term: $_____

Proposed fixed fee (if applicable): $_____

Optional extension pricing / adjustment method, if proposed: _____

3. Labor Rates and Estimated Hours

Personnel / Classification	Role / Task	Hourly Rate	Est. Hours	Est. Amount

Total estimated labor cost: $_____

4. Task-Level Cost Breakdown

Task / Phase	Estimated Hours	Estimated Cost
Startup and project planning		
Architect / design coordination		

Budget, schedule, and procurement support		
Construction coordination and reporting		
Grant documentation and closeout support		
Other (describe)		

Estimated task subtotal: $_____

Describe assumptions and proposed level of effort (attach additional page if needed):

_____

5. Other Charges and Reimbursables

Estimated reimbursable expenses and basis: $_____

Travel / mileage charges (if any): _____

Administrative charges (if any): _____

Subconsultant fees and markups (if any): _____

Other charges / markups (describe): _____

Total estimated non-labor charges: $_____

6. Pricing Summary and Certification

Total estimated labor: $_____

Total estimated non-labor charges: $_____

TOTAL PROPOSED NOT-TO-EXCEED AMOUNT: $_____

Assumptions, exclusions, or services requiring additional authorization:

_____

_____

The undersigned certifies that the proposed pricing identifies all anticipated fees, expenses, and markups, subject to any clearly stated assumptions. Any services beyond an executed agreement require District authorization in accordance with that agreement.

Authorized representative: _____ Title: _____

Signature: _____ Date: _____

MARIN CITY COMMUNITY SERVICES DISTRICT

Note: Submission of this form does not authorize services or obligate MCCSD to award a contract. Contract compensation and payment terms are subject to negotiation and District approval.