Cost Breakdown - Services

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Description Service Period			Proposed 10/1/2013 - 9/30/2014	
1. Labor	(b) (4)		(b) (4)	
a. Direct Labor Wage :				
b. Lead Worker Wage :				
c. Supervision Wage :				
01 - Total Labor				
2. Labor Fringe Benefits				
a. Direct Labor Fringe				
b. Supervision Fringe				
02- Total Fringe Benefits				
3. Other Direct Charges				
a. Expendables				
b. Major Equipment				
c. Minor Equipment				
d. Vehicle Operation				
e. Rental				
f. Subcontracting				
g. Other				
03 - Total Other Direct Charges				
4. Total Direct Costs (01 + 02 + 03)				
5. Overhead/G&A/Net Proceeds				
6. Price Annual				
Monthly				

Expendable Supplies

Date : 9/5/2013		**JPID :** 13115
Service : Final Pricing 8-29-13 - KSC-Mail		**Project :** 042916
Location : Kennedy Space Center ,Kennedy Space Center FL		**CNA :** Nish
		Contract # : N/A

No	Description	Unit	Number Of Units Proposed	Price Per Unit ($) Proposed	Cost ($) Proposed
1	Meter Tapes, Ink, string,strapping, etc.	(b) (4)			
2	Office Supplies				
	Grand Total				
	Applicable Sales Tax		Proposed :(b) (4)		(b) (4)
	Grand Total including Taxes				

Major Equipment

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

No	Description	Year	Useful Life	% Used on Svc.	# Units	* Unit Price ($)	Total to be Deprec. ($)	Depreciation Cost ($)	
								To Date	This Period
1	(b) (4)								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
	Total							(b) (4)	

FMP 9 B

* Unit Price includes appropriate sales tax

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Minor Equipment

Date : 9/5/2013   JPID : 13115

Service : Final Pricing 8-29-13 - KSC-Mail   Project : 042916

Location : Kennedy Space Center ,Kennedy Space Center FL CNA : Nish

                                                         Contract # : N/A

No	Description	Useful Life	% Used on Svc.	# Units	* Unit Price ($)	Total to be Deprec. ($)	Depreciation Cost Next Svc. Period ($)
1	(b) (4)						
2							
3							
Total							(b) (4)

FMP 9 C   * Unit Price includes appropriate sales tax   9/5/2013 8:26:01 AM

Fringe Benefits

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Line No	Description	Cent Mail Fac MD Proposed
		(b) (4)
1	Nondisabled Labor Hours (Standard Hours)	
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Cent Mail Fac MD

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CNA : Nish

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Date : 9/5/2013   **JPID :** 13115

Service : Final Pricing 8-29-13 - KSC-Mail   **Project :** 042916

Location : Kennedy Space Center ,Kennedy Space Center FL   **CNA :** Nish

Contract # : N/A

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Service : Final Pricing 8-29-13 - KSC-Mail	**Project :** 042916	
Location : Kennedy Space Center ,Kennedy Space Center FL	**CNA :** Nish	
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Fringe Benefits

Date : 9/5/2013	JPID : 13115
Service : Final Pricing 8-29-13 - KSC-Mail	Project : 042916
Location : Kennedy Space Center ,Kennedy Space Center FL	CNA : Nish
	Contract # : N/A

Cent Mail Fac MD

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Fringe Benefits

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Fringe Benefits

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Cent Mail Fac MD

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Fringe Benefits

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Service : Final Pricing 8-29-13 - KSC-Mail	Project : 042916
Location : Kennedy Space Center ,Kennedy Space Center FL	CNA : Nish
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Service : Final Pricing 8-29-13 - KSC-Mail	**Project :** 042916
Location : Kennedy Space Center ,Kennedy Space Center FL	**CNA :** Nish
	Contract # : N/A

O&C Mail Fac MD

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Project : 042916

CNA : Nish

Contract # : N/A

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8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates	
	a. FICA	
	b. Unemployment	
	c. Accident Insurance	
	d. Workers Compensation Rate	
	e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes	
	a. On Pay (Multiply Line 4 by Line 10 e)	
	b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e)	
	c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b)(4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Line No	Description	O&C Mail Fac SDC Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 25 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1688 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

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Fringe Benefits

Line No	Description	O&C Mail Fac SDC Proposed
		(b) (4)
1	Nondisabled Labor Hours (Standard Hours)	
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 25 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1688 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

OSB Mail Fac MD

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates	
	a. FICA	
	b. Unemployment	
	c. Accident Insurance	
	d. Workers Compensation Rate	
	e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes	
	a. On Pay (Multiply Line 4 by Line 10 e)	
	b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e)	
	c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013	**JPID :** 13115
Service : Final Pricing 8-29-13 - KSC-Mail	**Project :** 042916
Location : Kennedy Space Center ,Kennedy Space Center FL	**CNA :** Nish
	Contract # : N/A

OSB Mail Fac MD

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates	
	a. FICA	
	b. Unemployment	
	c. Accident Insurance	
	d. Workers Compensation Rate	
	e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes	
	a. On Pay (Multiply Line 4 by Line 10 e)	
	b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e)	
	c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

OSB Mail Fac MD

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
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14	Other: (Includes (b)(4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013	**JPID :** 13115
Service : Final Pricing 8-29-13 - KSC-Mail	**Project :** 042916
Location : Kennedy Space Center ,Kennedy Space Center FL	**CNA :** Nish
	Contract # : N/A

OSB Mail Fac MD

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
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11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
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13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

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Fringe Benefits

Date : 9/5/2013	**JPID :** 13115
Service : Final Pricing 8-29-13 - KSC-Mail	**Project :** 042916
Location : Kennedy Space Center ,Kennedy Space Center FL	**CNA :** Nish
	Contract # : N/A

Post Ofc POC

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Line No	Description	Post Ofc POC Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b)(4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

SDC-Automatic cDistribution

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013	JPID : 13115
Service : Final Pricing 8-29-13 - KSC-Mail	Project : 042916
Location : Kennedy Space Center ,Kennedy Space Center FL	CNA : Nish
	Contract # : N/A

SDC-Automatic Distribution

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013
Service : Final Pricing 8-29-13 - KSC-Mail
Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115
Project : 042916
CNA : Nish
Contract # : N/A

SDC-CIF

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates	
	a. FICA	
	b. Unemployment	
	c. Accident Insurance	
	d. Workers Compensation Rate	
	e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes	
	a. On Pay (Multiply Line 4 by Line 10 e)	
	b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e)	
	c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013		**JPID :** 13115	
Service : Final Pricing 8-29-13 - KSC-Mail		**Project :** 042916	
Location : Kennedy Space Center ,Kennedy Space Center FL		**CNA :** Nish	
		Contract # : N/A	

SDC-CIF

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 10 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1808 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Line No	Description	Sr Cent Mail Fac SDC Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 25 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1688 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b)(4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Line No	Description	Sr Cent Mail Fac SDC Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 25 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1688 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
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13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Line No	Description	Sr OSB Mail Fac SDC Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 25 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1688 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Line No	Description	Sr OSB Mail Fac SDC Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 25 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1688 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013   JPID : 13115

Service : Final Pricing 8-29-13 - KSC-Mail   Project : 042916

Location : Kennedy Space Center ,Kennedy Space Center FL   CNA : Nish

                                                       Contract # : N/A

Line No	Description	Sr Post Ofc POC Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 21 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1720 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

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Fringe Benefits

Date : 9/5/2013
Service : Final Pricing 8-29-13 - KSC-Mail
Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115
Project : 042916
CNA : Nish
Contract # : N/A

Sr Post Ofc POC

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 21 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1720 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013
Service : Final Pricing 8-29-13 - KSC-Mail
Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115
Project : 042916
CNA : Nish
Contract # : N/A

Sr Procurement SDCC

Line No	Description	Proposed
		(b) (4)
1	Nondisabled Labor Hours (Standard Hours)	
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 25 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1688 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

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Fringe Benefits

Date : 9/5/2013
Service : Final Pricing 8-29-13 - KSC-Mail
Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115
Project : 042916
CNA : Nish
Contract # : N/A

Sr Procurement SDCC

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 25 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1688 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates	
	a. FICA	
	b. Unemployment	
	c. Accident Insurance	
	d. Workers Compensation Rate	
	e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes	
	a. On Pay (Multiply Line 4 by Line 10 e)	
	b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e)	
	c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b)(4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013
Service : Final Pricing 8-29-13 - KSC-Mail
Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115
Project : 042916
CNA : Nish
Contract # : N/A

Ass't Contract Manager

Line No	Description	Proposed
		(b) (4)
1	Nondisabled Labor Hours (Standard Hours)	
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 15 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1768 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Line No	Description	Contract Manager Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 15 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1768 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

Fringe Benefits

Date : 9/5/2013   JPID : 13115

Service : Final Pricing 8-29-13 - KSC-Mail   Project : 042916

Location : Kennedy Space Center ,Kennedy Space Center FL   CNA : Nish

Contract # : N/A

Line No	Description	Operations Manager Proposed
		(b) (4)
1	Nondisabled Labor Hours (Standard Hours)	
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 15 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1768 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates	
	a. FICA	
	b. Unemployment	
	c. Accident Insurance	
	d. Workers Compensation Rate	
	e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes	
	a. On Pay (Multiply Line 4 by Line 10 e)	
	b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e)	
	c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

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Fringe Benefits

Date : 9/5/2013   JPID : 13115

Service : Final Pricing 8-29-13 - KSC-Mail   Project : 042916

Location : Kennedy Space Center ,Kennedy Space Center FL   CNA : Nish

                                                        Contract # : N/A

Production Coordinator

Line No	Description	Proposed
		(b) (4)
1	Nondisabled Labor Hours (Standard Hours)	
2	Total Labor Hours Worked to Provide Service (Average Productivity 100.00% (Whole %))	
3	Wage Rate (For Direct Labor same as Line 1a. of FMP-9)	
4	Total Labor Cost (Multiply Line 1 by Line 3) (For Direct Labor as Line 1a. of FMP-9)	
5	Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply by Line 3)	
6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 12,Vacation 15 Sick Leave 12)	
7	Average Work Years (Divide Line 2 by 1768 Hours) (Line 2/(2080 - ((Holi. + Vac. + Sick) x 8)))	
8	Health and Welfare Rate ($/Hour)	
9	Hourly Earnings plus Health and Welfare (Add Lines 5 and 8)	
10	Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits (Multiply Line 2 by Line 8)	
12	Total Holiday, Vacation and Sick Pay Benefits (Multiply Line 6 by Line 7 by Line 9)	
13	Payroll - Taxes a. On Pay (Multiply Line 4 by Line 10 e) b. On Holidays Vacations Sick (Multiply Line 5 by Line 6 by Line 7 by 10 e) c. Tax Payroll Taxes (Add Lines 13a & 13b)	
14	Other: (Includes (b) (4) Bereave&Taxes) (See Attachment Addendum if Line 14 is Greater than $0.00)	
	TOTAL FRINGE BENEFITS (Add Lines 11 & 12 &13c & 14)	

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Worker's Compensation Estimated Rate

Date : 9/5/2013

JPID : 13115

Service : Final Pricing 8-29-13 - KSC-Mail

Project : 042916

Location : Kennedy Space Center ,Kennedy Space Center FL

CNA : Nish

Contract # : N/A

Cent Mail Fac MD

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
   (Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Cent Mail Fac MD

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
   (Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Cent Mail Fac MD

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
   (Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Cent Mail Fac MD

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
(Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Cent Mail Fac MD

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
(Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Cent Mail Fac MD

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
(Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013   **JPID :** 13115

Service : Final Pricing 8-29-13 - KSC-Mail   **Project :** 042916

Location : Kennedy Space Center ,Kennedy Space Center FL   **CNA :** Nish

Contract # : N/A

Cent Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :   (b) (4)

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

Cent Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :   (b) (4)

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

Cent Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :   (b) (4)

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

Worker's Compensation Estimated Rate

Date : 9/5/2013   **JPID :** 13115

Service : Final Pricing 8-29-13 - KSC-Mail **Project :** 042916

Location : Kennedy Space Center ,Kennedy Space Center FL **CNA :** Nish

                 Contract # : N/A

Cent Mail Fac MD

A. Worker's Compensation Rate (Self Insured) : (b) (4)

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
 (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

Cent Mail Fac MD

A. Worker's Compensation Rate (Self Insured) : (b) (4)

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
 (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

Cent Mail Fac MD

A. Worker's Compensation Rate (Self Insured) : (b) (4)

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
 (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

Worker's Compensation Estimated Rate

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

O&C Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

O&C Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

O&C Mail Fac SDC

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013   **JPID :** 13115

Service : Final Pricing 8-29-13 - KSC-Mail   **Project :** 042916

Location : Kennedy Space Center ,Kennedy Space Center FL   **CNA :** Nish

Contract # : N/A

O&C Mail Fac SDC

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
   (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

OSB Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
   (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

OSB Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
   (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

OSB Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

OSB Mail Fac MD

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Post Ofc POC

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Post Ofc POC

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
  (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

SDC-Automatic cDistribution

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
  (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

SDC-Automatic Distribution

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
  (Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

SDC-CIF

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

SDC-CIF

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Sr Cent Mail Fac SDC

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Sr Cent Mail Fac SDC

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Sr OSB Mail Fac SDC

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Sr OSB Mail Fac SDC

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Sr Post Ofc POC

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
(Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Sr Post Ofc POC

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
(Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Sr Procurement SDCC

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
(Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Worker's Compensation Estimated Rate

Date :	9/5/2013	**JPID :**	13115
Service :	Final Pricing 8-29-13 - KSC-Mail	**Project :**	042916
Location :	Kennedy Space Center ,Kennedy Space Center FL	**CNA :**	Nish
		Contract # :	N/A

Sr Procurement SDCC

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
   (Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Ass't Contract Manager

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
   (Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Contract Manager

A. **Worker's Compensation Rate (Self Insured) :**

B. **Applicable Project/Worker Premium :**

C. **Adjusted Estimated Annual Premium :**
   (Total Rating Board Premium)

D. **Adjusted Rate (Lines C/B*A) :**

(b) (4)

Worker's Compensation Estimated Rate

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Operations Manager

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Production Coordinator

A. Worker's Compensation Rate (Self Insured) :

B. Applicable Project/Worker Premium :

C. Adjusted Estimated Annual Premium :
(Total Rating Board Premium)

D. Adjusted Rate (Lines C/B*A) :

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

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E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
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G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
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D. Average Annual Wage:
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E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
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G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

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D. Average Annual Wage:
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E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

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(Lines A*F)

(b) (4)

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
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D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Cent Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013   JPID : 13115

Service : Final Pricing 8-29-13 - KSC-Mail   Project : 042916

Location : Kennedy Space Center ,Kennedy Space Center FL CNA : Nish

                                                         Contract # : N/A

O&C Mail Fac MD

A. **State Tax Rate :**   (b) (4)

B. **Total Labor Costs**:
   (From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. **Average Work Years:**
   (From FMP-9D,Line-7 or 1.00 whichever is greater)

D. **Average Annual Wage:**
   (Lines B/C)

E. **State Annual Wage Cap:**

F. **Ratio of Cap to Avg Wage Cap:**
   (Lines E/D) <=1

G. **Unemployment Rate Calculation:**
   (Lines A*F)

O&C Mail Fac MD

A. **State Tax Rate :**   (b) (4)

B. **Total Labor Costs**:
   (From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. **Average Work Years:**
   (From FMP-9D,Line-7 or 1.00 whichever is greater)

D. **Average Annual Wage:**
   (Lines B/C)

E. **State Annual Wage Cap:**

F. **Ratio of Cap to Avg Wage Cap:**
   (Lines E/D) <=1

G. **Unemployment Rate Calculation:**
   (Lines A*F)

O&C Mail Fac SDC

A. **State Tax Rate :**   (b) (4)

B. **Total Labor Costs**:
   (From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. **Average Work Years:**
   (From FMP-9D,Line-7 or 1.00 whichever is greater)

D. **Average Annual Wage:**
   (Lines B/C)

E. **State Annual Wage Cap:**

F. **Ratio of Cap to Avg Wage Cap:**
   (Lines E/D) <=1

G. **Unemployment Rate Calculation:**
   (Lines A*F)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

O&C Mail Fac SDC

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

OSB Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

OSB Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

OSB Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

OSB Mail Fac MD

A. State Tax Rate :

B. Total Labor Costs:
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E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Post Ofc POC

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Post Ofc POC

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

SDC-Automatic cDistribution

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

SDC-Automatic Distribution

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

9/5/2013 8:26:02 AM

Unemployment Rate Calculation

Date : 9/5/2013   **JPID :** 13115

Service : Final Pricing 8-29-13 - KSC-Mail   **Project :** 042916

Location : Kennedy Space Center ,Kennedy Space Center FL   **CNA :** Nish

                                                        Contract # : N/A

SDC-CIF

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

SDC-CIF

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Sr Cent Mail Fac SDC

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date :   9/5/2013

Service :   Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Sr Cent Mail Fac SDC

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Sr OSB Mail Fac SDC

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
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D. Average Annual Wage:
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E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
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G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Sr OSB Mail Fac SDC

A. State Tax Rate :

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Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Sr Post Ofc POC

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(Lines A*F)

(b) (4)

Sr Post Ofc POC

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B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

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(b) (4)

Sr Procurement SDCC

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E. State Annual Wage Cap:

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(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Sr Procurement SDCC

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Ass't Contract Manager

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Contract Manager

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Unemployment Rate Calculation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Operations Manager

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Production Coordinator

A. State Tax Rate :

B. Total Labor Costs:
(From FMP-9D, Line-4 + (Line-5 * Line-6 * Line-7)

C. Average Work Years:
(From FMP-9D,Line-7 or 1.00 whichever is greater)

D. Average Annual Wage:
(Lines B/C)

E. State Annual Wage Cap:

F. Ratio of Cap to Avg Wage Cap:
(Lines E/D) <=1

G. Unemployment Rate Calculation:
(Lines A*F)

(b) (4)

Vehicle Operation

(b) (4)

Proposed

(b) (4)

1. **Fuel**

   a. Total miles per year for this service

   b. Gallons per year for this service

   c. Average cost per gallon

   d. Yearly cost for this service

2. **Maintenance and Lubrication**

   a. Yearly cost

   b. Percent utilized for this service

   c. Yearly cost for this service

3. **Registration and Insurance**

   a. Yearly registration cost

   b. Yearly insurance cost

   c. Other State or local taxes or fees

   d. Percent utilized for this service

   e. Yearly cost for this service

4. **Total Vehicle Opeariion Cost**
   (Add Lines 1d + 2c + 3e)

Vehicle Operation

(b) (4)

Proposed

(b) (4)

1. **Fuel**

    a. Total miles per year for this service

    b. Gallons per year for this service

    c. Average cost per gallon

    d. Yearly cost for this service

2. **Maintenance and Lubrication**

    a. Yearly cost

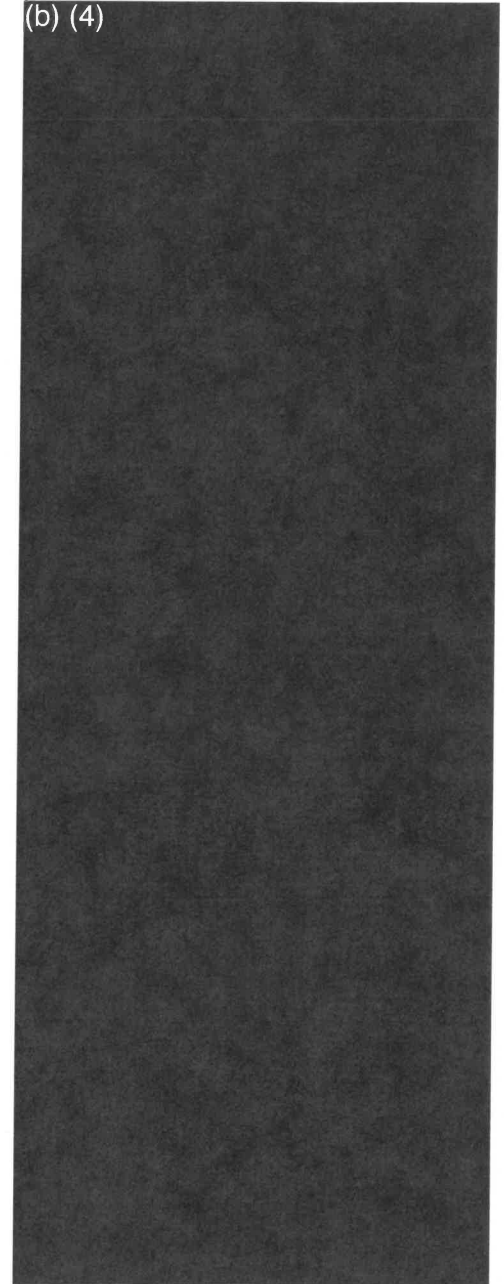   b. Percent utilized for this service

    c. Yearly cost for this service

3. **Registration and Insurance**

    a. Yearly registration cost

    b. Yearly insurance cost

    c. Other State or local taxes or fees

    d. Percent utilized for this service

    e. Yearly cost for this service

4. **Total Vehicle Opearation Cost**
    (Add Lines 1d + 2c + 3e)

Vehicle Operation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

(b) (4)

Proposed

1. **Fuel**

   a. Total miles per year for this service

   b. Gallons per year for this service

   c. Average cost per gallon

   d. Yearly cost for this service

2. **Maintenance and Lubrication**

   a. Yearly cost

   b. Percent utilized for this service

   c. Yearly cost for this service

3. **Registration and Insurance**

   a. Yearly registration cost

   b. Yearly insurance cost

   c. Other State or local taxes or fees

   d. Percent utilized for this service

   e. Yearly cost for this service

4. **Total Vehicle Opearation Cost**
   (Add Lines 1d + 2c + 3e)

(b) (4)

Vehicle Operation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

(b) (4)

Proposed

1. Fuel

(b) (4)

    a. Total miles per year for this service

    b. Gallons per year for this service

    c. Average cost per gallon

    d. Yearly cost for this service

2. Maintenance and Lubrication

    a. Yearly cost

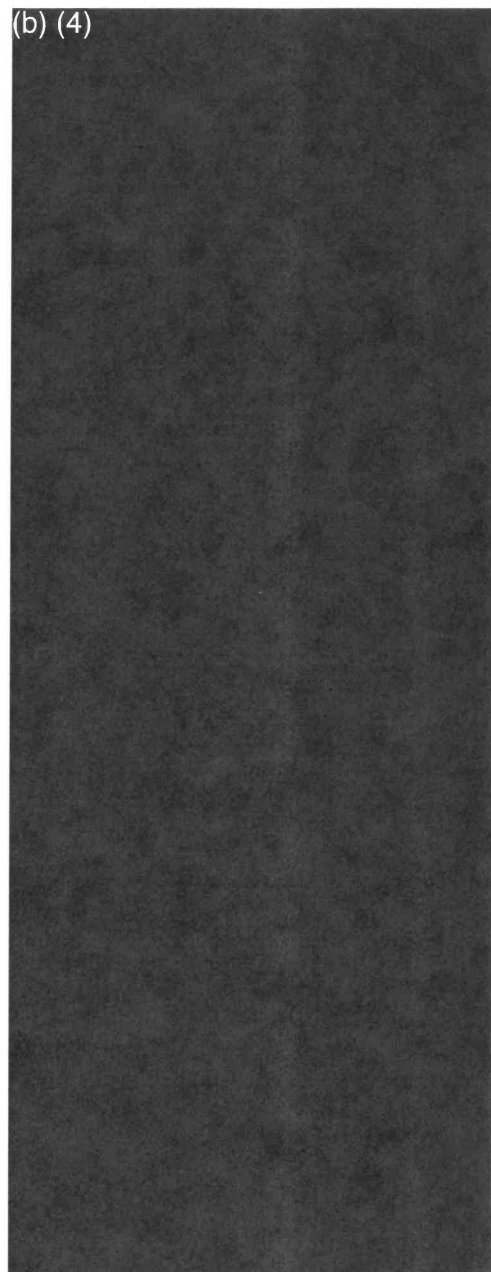   b. Percent utilized for this service

    c. Yearly cost for this service

3. Registration and Insurance

    a. Yearly registration cost

    b. Yearly insurance cost

    c. Other State or local taxes or fees

    d. Percent utilized for this service

    e. Yearly cost for this service

4. Total Vehicle Opeariton Cost
(Add Lines 1d + 2c + 3e)

Vehicle Operation

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

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Contract # : N/A

(b) (4)

Proposed

(b) (4)

1. **Fuel**

   a. Total miles per year for this service

   b. Gallons per year for this service

   c. Average cost per gallon

   d. Yearly cost for this service

2. **Maintenance and Lubrication**

   a. Yearly cost

   b. Percent utilized for this service

   c. Yearly cost for this service

3. **Registration and Insurance**

   a. Yearly registration cost

   b. Yearly insurance cost

   c. Other State or local taxes or fees

   d. Percent utilized for this service

   e. Yearly cost for this service

4. **Total Vehicle Opearation Cost**
   (Add Lines 1d + 2c + 3e)

Vehicle Operation

(b) (4)

Proposed

1. **Fuel**

   a. Total miles per year for this service

   b. Gallons per year for this service

   c. Average cost per gallon

   d. Yearly cost for this service

2. **Maintenance and Lubrication**

   a. Yearly cost

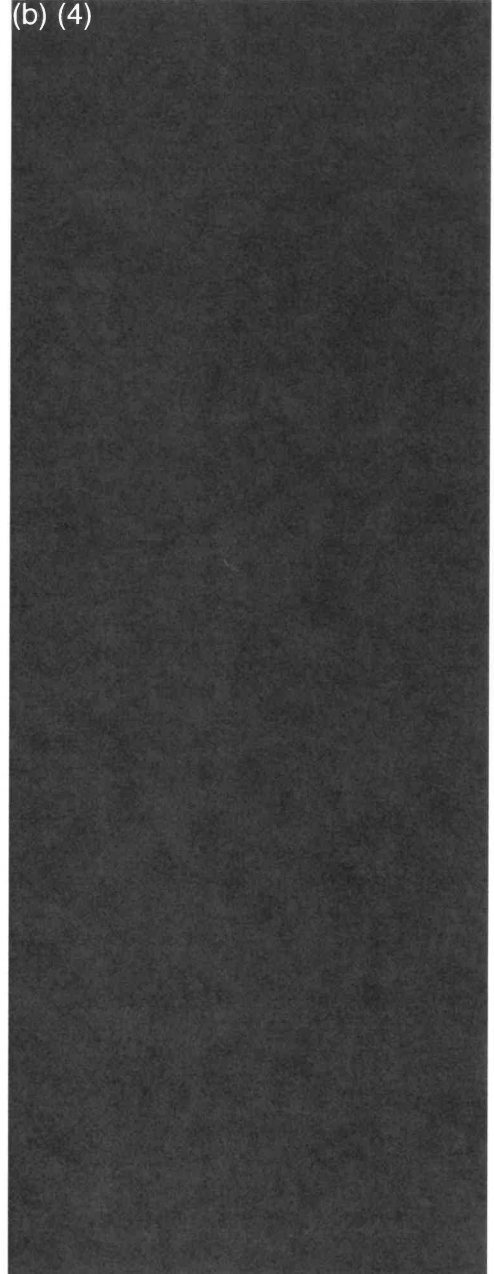   b. Percent utilized for this service

   c. Yearly cost for this service

3. **Registration and Insurance**

   a. Yearly registration cost

   b. Yearly insurance cost

   c. Other State or local taxes or fees

   d. Percent utilized for this service

   e. Yearly cost for this service

4. **Total Vehicle Opearation Cost**
   (Add Lines 1d + 2c + 3e)

(b) (4)

Vehicle Operation

(b) (4)

Proposed

(b) (4)

1. **Fuel**

   a. Total miles per year for this service

   b. Gallons per year for this service

   c. Average cost per gallon

   d. Yearly cost for this service

2. **Maintenance and Lubrication**

   a. Yearly cost

   b. Percent utilized for this service

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3. **Registration and Insurance**

   a. Yearly registration cost

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   c. Other State or local taxes or fees

   d. Percent utilized for this service

   e. Yearly cost for this service

4. **Total Vehicle Opearation Cost**
   (Add Lines 1d + 2c + 3e)

Vehicle Operation

(b) (4)

Proposed

(b) (4)

1. **Fuel**

   a. Total miles per year for this service

   b. Gallons per year for this service

   c. Average cost per gallon

   d. Yearly cost for this service

2. **Maintenance and Lubrication**

   a. Yearly cost

   b. Percent utilized for this service

   c. Yearly cost for this service

3. **Registration and Insurance**

   a. Yearly registration cost

   b. Yearly insurance cost

   c. Other State or local taxes or fees

   d. Percent utilized for this service

   e. Yearly cost for this service

4. **Total Vehicle Opeáration Cost**
   (Add Lines 1d + 2c + 3e)

Summary of Rental Costs

Date : 9/5/2013	**JPID :** 13115	
Service : Final Pricing 8-29-13 - KSC-Mail	**Project :** 042916	
Location : Kennedy Space Center ,Kennedy Space Center FL	**CNA :** Nish	
	Contract # : N/A	

No	Description	Quantity, Rented/Year Proposed	Rate/Rental Each/Year Proposed	Annual Rental Cost Proposed
1	(b) (4)			(b) (4)

Total For ()

Applicable Sales Tax

Sub Total For () including Taxes

Summary of SubContract Costs

No	Description	Quantity,Sub Contracted / Year Proposed	Rate,Sub Contracted Each / Year Proposed	Annual Subcontract Cost Proposed
1	(b) (4)			(b) (4)
	Total For ()			
	Applicable Sales Tax			
	Sub Total For () including Taxes			

Other Costs

Date : 9/5/2013
Service : Final Pricing 8-29-13 - KSC-Mail
Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115
Project : 042916
CNA : Nish
Contract # : N/A

No	Description	Cost
1	(b) (4)	
2		
3		

Grand Total
Applicable Sales Tax
Grand Total including Taxes

(b) (4)

Cost Breakdown - Services
Follow-On Years

Date : 9/5/2013

Service : Final Pricing 8-29-13 - KSC-Mail

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : Nish

Contract # : N/A

Description	Base Year	FOY 1	FOY 2	FOY 3	FOY 4
1. Labor	(b) (4)				
a. Direct Labor					
b. Lead Worker					
c. Supervision					
01 - Total Labor					
2. Labor Fringe Benefits					
a. Direct Labor Fringe					
b. Supervision Fringe					
02- Total Fringe Benefits					
3. Other Direct Charges					
a. Expendables					
b. Major Equipment					
c. Minor Equipment					
d. Vehicle Operation					
e. Rental					
f. Subcontracting					
g. Other					
03 - Total Other Direct Charges					
4. Total Direct Costs					
5. Overhead/G&A/Net Proceeds					
6. Price Annua					
Monthly					