Cost Breakdown - Services

Date : 8/29/2018

Service : KSC-Mail Services

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : SourceAmerica

Contract # : NNK13OR20C

Description Service Period			Proposed 10/1/2018 - 9/30/2019	
1. Labor			(b) (4)	
a. Direct Labor Wage :	(b) (4)			
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 (See Addnm)				
03 - Total Other Direct Charges				
4. Total Direct Costs (01 + 02 + 03)				
5. Overhead/G&A/Net Proceeds	(b) (4)			
6. CNA Fee (multiplication) *				
7. Price Annual				
Monthly				

Expendable Supplies

Date : 8/29/2018

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No	Description	Unit	Number Of Units Proposed	Price Per Unit ($) Proposed	Cost ($) Proposed
1	(b) (4)				
2					
3					
4					

Grand Total

(b) (4)

Applicable Sales Tax   Proposed (b) (4)

Grand Total including Taxes

Major Equipment

Date : 8/29/2018

Service : KSC-Mail Services

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

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CNA : SourceAmerica

Contract # : NNK13OR20C

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									
	Total								(b) (4)

FMP 9 B   * Unit Price includes appropriate sales tax   8/29/2018 2:58:46 PM

Minor Equipment

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)

* Unit Price includes appropriate sales tax

Fringe Benefits

Date : 8/29/2018

Service : KSC-Mail Services

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : SourceAmerica

Contract # : NNK13OR20C

Messenger/Driver

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 10,Vacation 15 Sick Leave 10)	
7	Average Work Years (Divide Line 2 by 1800 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 5 by Line 6 by Line 7)	
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 :	8/29/2018		JPID :	13115
Service :	KSC-Mail Services		Project :	042916
Location :	Kennedy Space Center ,Kennedy Space Center FL		CNA :	SourceAmerica
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Service : KSC-Mail Services   Project : 042916

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

Contract # : NNK13OR20C

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Service : KSC-Mail Services	**Project :** 042916
Location : Kennedy Space Center ,Kennedy Space Center FL	**CNA :** SourceAmerica
	Contract # : NNK13OR20C

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Location :	Kennedy Space Center ,Kennedy Space Center FL		CNA :	SourceAmerica
			Contract # :	NNK13OR20C

Messenger/Driver

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JPID : 13115

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Fringe Benefits

Date : 8/29/2018

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Location : Kennedy Space Center ,Kennedy Space Center FL

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Post Office Clerk

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
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Senior Clerks

Line No	Description	Proposed
1	Nondisabled Labor Hours (Standard Hours)	(b) (4)
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6	Number of Holiday and Vacation and Sick Leave Hours (Multiply Total of H-V-S Days by 8 Hours) (Days:Holidays 10,Vacation 25 Sick Leave 10)	
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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 10,Vacation 25 Sick Leave 10)	
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 5 by Line 6 by Line 7)	
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

Senior Clerks

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 10,Vacation 25 Sick Leave 10)	
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 5 by Line 6 by Line 7)	
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

Admin Coordinator

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 10,Vacation 15 Sick Leave 10)	
7	Average Work Years (Divide Line 2 by 1800 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 5 by Line 6 by Line 7)	
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 : 8/29/2018

Service : KSC-Mail Services

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : SourceAmerica

Contract # : NNK13OR20C

Assistant Manager

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 10,Vacation 15 Sick Leave 10)	
7	Average Work Years (Divide Line 2 by 1800 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 5 by Line 6 by Line 7)	
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 : 8/29/2018

Service : KSC-Mail Services

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : SourceAmerica

Contract # : NNK13OR20C

Line No	Description	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 10,Vacation 15 Sick Leave 10)	
7	Average Work Years (Divide Line 2 by 1800 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 5 by Line 6 by Line 7)	
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)	

Vehicle Operation

	Vehicle Operation (7)
	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 Opeararion Cost**
   (Add Lines 1d + 2c + 3e)

Summary of Rental Costs

Date :	8/29/2018		JPID :	13115
Service :	KSC-Mail Services		Project :	042916
Location :	Kennedy Space Center ,Kennedy Space Center FL		CNA :	SourceAmerica
			Contract # :	NNK13OR20C

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

Summary of SubContract Costs

Date : 8/29/2018

Service : KSC-Mail Services

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : SourceAmerica

Contract # : NNK13OR20C

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

Other Costs

No	Description	Cost
1	(b) (4)	(b) (4)
	Grand Total	
	Applicable Sales Tax	
	Grand Total including Taxes	

Cost Breakdown - Services
Follow-On Years

Date : 8/29/2018

Service : KSC-Mail Services

Location : Kennedy Space Center ,Kennedy Space Center FL

JPID : 13115

Project : 042916

CNA : SourceAmerica

Contract # : NNK13OR20C

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 Annual					
Monthly					

KSC-Mail Services FOY Work Sheet

Date : 8/29/2018   **JPID :** 13115

Service : KSC-Mail Services   **Project :** 042916

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

                                                          Contract # : NNK13OR20C

Cost Elements	Base Year	FOY 1	FOY 2	FOY 3	FOY 4
Direct Labor :	(b) (4)				
Supervision :					
Direct Labor Fringe :					
Supervision Fringe :					
Supplies :					
Equipment :					
Sub Contract :					
Other Direct Costs :					
Sub Total A :					
Overhead : (Sub Total A x (b) (4))					
G&A : (Sub Total A x (b) (4))					
Net Proceeds : (Sub Total A x (b) (4))					
CNA Fee (multiplication) *					
Sub Total B :					
Annual Price : (Sub Total A + Sub Total B)					
Monthly Price :					