	Cost Breakdov	wn - Services		
Date: 8/29/2018			<b>JPID</b> : 13115	
Service : KSC-Mail Services			Project: 042916	
Location : Kennedy Space Center , Kennedy Spa	ace Center FL		CNA: Source	America
			Contract #: NNK130	DR20C
<b>Description</b> Service Period			Proposed 10/1/2018 - 9/30/2019	
1. Labor			(b) (4)	1
a. Direct Labor Wage : (b) (4)			(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			And the second	
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			<b>美洲</b>	
				,
	,			
Monthly				
			<b>建设建筑</b>	
			是是是大學的	

			Expendable Supplie	S	
Dat	te: <u>8/29/2018</u>			JPID :	13115
Ser	vice: KSC-Mail Services			Project :	042916
Loc	cation : Kennedy Space Center ,Kenr	nedy Space	Center FL	CNA:	SourceAmerica
				Contract #:	NNK13OR20C
			Number Of Units	Price Per Unit (\$)	Cost (\$)
No	Description (b) (4)	Unit	Proposed	Proposed	Proposed
2	(6) (4)				
3					
		the Ma			(1.) (4.)
	Grand Total		(b) (4)		(b) (4)
	Applicable Sales Tax	Pr	oposed(b) (4)		
	Grand Total including Taxes				
					,

#### **Major Equipment** Date: 8/29/2018 **JPID**: 13115 Service : KSC-Mail Services **Project**: 042916 Location: Kennedy Space Center, Kennedy Space Center FL CNA: SourceAmerica Contract #: NNK13OR20C Useful % Used \* Unit Total to be Depreciation Cost (\$) No Description Year Life # Units on Svc. Price (\$) Deprec. (\$) To Date This Period (b) (4) 2 3 Total (b) (4)

#### **Minor Equipment** Date: 8/29/2018 **JPID**: 13115 Service : KSC-Mail Services **Project:** 042916 Location: Kennedy Space Center, Kennedy Space Center FL CNA: SourceAmerica Contract #: NNK13OR20C Useful % Used \* Unit Total to be **Depreciation Cost** No Description on Svc. # Units Price (\$) Deprec. (\$) Next Svc. Period (\$) (b) (4) 2 3 Total (b) (4)

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

1 3		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	
	Total Health and Welfare Benefits ( Multiply Line 2 by Line 8 )	
	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 )	
MDOF		GENERAL STREET,

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

		Messenger/Driver
Line No	Description	(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 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	
	Total Health and Welfare Benefits ( Multiply Line 2 by Line 8 )	
	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 )	
MP 9 F		0/20/2040 0.50.40 DM

Date:

8/29/2018

Service: KSC-Mail Services

Location : Kennedy Space Center , Kennedy Space Center FL

**JPID**: 13115

**Project**: 042916

CNA: SourceAmerica

Contract #: NNK130R20C

		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 )	
	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	
	Total Health and Welfare Benefits Multiply Line 2 by Line 8 )	
	Total Holiday, Vacation and Sick Pay Benefits  Multiply Line 5 by Line 6 by Line 7 )	
13 I	Payroll - Taxes	
á	a. On Pay ( Multiply Line 4 by Line 10 e )	
k	o. 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 )	
	OTAL FRINGE BENEFITS Add Lines 11 & 12 &13c & 14 )	

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

		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 )	
	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 )	

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

		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	<b>建筑建筑</b>
	c. Accident Insurance	
	d. Workers Compensation Rate	
	e. Total Payroll Expense Rates	
11	Total Health and Welfare Benefits ( Multiply Line 2 by Line 8 )	
	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 )	

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 )	
	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 )	
	<ul><li>b. On Holidays Vacations Sick</li><li>( Multiply Line 5 by Line 6 by Line 7 by 10 e )</li></ul>	
	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 )	
MDOF		

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	
	Total Health and Welfare Benefits ( Multiply Line 2 by Line 8 )	
	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 )	

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/Drive
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	
	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 )	

Date:

8/29/2018

Service : KSC-Mail Services

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

**JPID**: 13115

**Project:** 042916

CNA: SourceAmerica

Contract #: NNK130R20C

		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 )	
	<ul><li>b. On Holidays Vacations Sick</li><li>( Multiply Line 5 by Line 6 by Line 7 by 10 e )</li></ul>	
	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 )	

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		Post Office Clerk
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 )	
	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	
	Total Health and Welfare Benefits (Multiply Line 2 by Line 8 )	
	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 )	第2号 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 ·
4	o. 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 )	
	OTAL FRINGE BENEFITS Add Lines 11 & 12 &13c & 14 )	

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	Senior Clerks 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	
	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 )	
	FOTAL FRINGE BENEFITS Add Lines 11 & 12 &13c & 14)	

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  Nondisabled Labor Hours ( Standa    Total Labor Hours Worked to Provi ( Average Productivity 100.00% ( V    Wage Rate ( For Direct Labor same as Line 1a    Total Labor Cost ( Multiply Line 1 by Line 3 ) ( For Direct Labor as Line 1a. of FN    Average Hourly Earnings ( Divide Line 1 by Line 2 and Multiply Line 1 by Line 2 and Multiply Total of H-V-S Days by 8 ( Days:Holidays 10,Vacation 25 Sic    Average Work Years ( Divide Line 2 by 1720 Hours ) ( Line 2/( 2080 - ( ( Holi. + Vac. + S    Health and Welfare Rate ( \$/Hour )	ide Service Whole % ) )	(b) (4)
Total Labor Hours Worked to Provi (Average Productivity 100.00% ( V Wage Rate (For Direct Labor same as Line 1a Total Labor Cost (Multiply Line 1 by Line 3 ) (For Direct Labor as Line 1a. of FN Average Hourly Earnings (Divide Line 1 by Line 2 and Multiply Number of Holiday and Vacation ar (Multiply Total of H-V-S Days by 8 (Days:Holidays 10,Vacation 25 Sic Average Work Years (Divide Line 2 by 1720 Hours ) (Line 2/(2080 - ((Holi. + Vac. + S	ide Service Whole % ) )	(b) (4)
( Average Productivity 100.00% ( V  Wage Rate ( For Direct Labor same as Line 1a  Total Labor Cost ( Multiply Line 1 by Line 3 ) ( For Direct Labor as Line 1a. of FN  Average Hourly Earnings ( Divide Line 1 by Line 2 and Multiply  Number of Holiday and Vacation ar ( Multiply Total of H-V-S Days by 8 ( Days:Holidays 10,Vacation 25 Sic  Average Work Years ( Divide Line 2 by 1720 Hours ) ( Line 2/( 2080 - ( ( Holi. + Vac. + S)	Vhole % ) )	
(For Direct Labor same as Line 1a  Total Labor Cost (Multiply Line 1 by Line 3 ) (For Direct Labor as Line 1a. of FN  Average Hourly Earnings (Divide Line 1 by Line 2 and Multiple  Number of Holiday and Vacation ar (Multiply Total of H-V-S Days by 8 (Days:Holidays 10,Vacation 25 Sice  Average Work Years (Divide Line 2 by 1720 Hours ) (Line 2/(2080 - ((Holi. + Vac. + S)	a. of FMP-9)	
( Multiply Line 1 by Line 3 ) ( For Direct Labor as Line 1a. of FM  5 Average Hourly Earnings ( Divide Line 1 by Line 2 and Multiple 6 Number of Holiday and Vacation ar ( Multiply Total of H-V-S Days by 8 ( Days:Holidays 10,Vacation 25 Sicent Provided Line 2 by 1720 Hours ) ( Line 2/( 2080 - ( ( Holi. + Vac. + S))		
( Divide Line 1 by Line 2 and Multip  Number of Holiday and Vacation ar ( Multiply Total of H-V-S Days by 8 ( Days:Holidays 10,Vacation 25 Sic  Average Work Years ( Divide Line 2 by 1720 Hours ) ( Line 2/( 2080 - ( ( Holi. + Vac. + S	MP-9 )	
( Multiply Total of H-V-S Days by 8 ( Days:Holidays 10,Vacation 25 Sic  Average Work Years ( Divide Line 2 by 1720 Hours ) ( Line 2/( 2080 - ( ( Holi. + Vac. + S	oly by Line 3)	
( Divide Line 2 by 1720 Hours ) ( Line 2/( 2080 - ( ( Holi. + Vac. + S	Hours)	
8 Health and Welfare Rate ( \$/Hour )	sick) x 8 ) ) )	
· · · · · · · · · · · · · · · · · · ·		
9 Hourly Earnings plus Health and W ( Add Lines 5 and 8 )	/elfare	
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 )		
Total Holiday, Vacation and Sick Pa ( 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	e 7 by 10 e )	
c. Tax Payroll Taxes ( Add Lines 13	3a & 13b)	
Other: ( Includes (b) (4) Bereaved ( See Attachment Addendum if Line	0.7	
TOTAL FRINGE BENEFITS ( Add Lines 11 & 12 &13c & 14 )	a 1axes) 14 is Greater than \$0.00)	

Date: 8/29/2018

Service: KSC-Mail Services

Location : Kennedy Space Center , Kennedy Space Center FL

**JPID**: 13115

**Project**: 042916

CNA: SourceAmerica

Contract #: NNK13OR20C

1 300 0		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	<b>国际共享的基础</b>
	a. FICA	
	b. Unemployment	
	c. Accident Insurance	
	d. Workers Compensation Rate	
	e. Total Payroll Expense Rates	
	Total Health and Welfare Benefits ( Multiply Line 2 by Line 8 )	
	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 )	

Date:

8/29/2018

Service: KSC-Mail Services

Location: Kennedy Space Center, Kennedy Space Center FL

**JPID**: 13115

**Project**: 042916

CNA: SourceAmerica

Contract #: NNK13OR20C

**Senior Clerks** Line **Description Proposed** No (b) (4) 1 Nondisabled Labor Hours ( Standard Hours ) Total Labor Hours Worked to Provide Service 2 (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)x8))) 8 Health and Welfare Rate (\$/Hour) 9 Hourly Earnings plus Health and Welfare (Add Lines 5 and 8) Payroll - Based Expense Rates a. FICA b. Unemployment c. Accident Insurance d. Workers Compensation Rate e. Total Payroll Expense Rates 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) 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 )

Date: <u>8/29/2018</u>

Service : KSC-Mail Services

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

**JPID**: 13115

**Project**: 042916

CNA: SourceAmerica

Contract #: NNK130R20C

		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	<b>在发生的。</b>
	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)	

Date: 8/29/2018

Service: KSC-Mail Services

Location : Kennedy Space Center ,Kennedy Space Center FL

**JPID**: 13115

**Project**: 042916

CNA: SourceAmerica

Contract #: NNK13OR20C

Admin Coordinator

Line No	Description	Admin Coordinato
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 )	
	<ul><li>b. On Holidays Vacations Sick</li><li>( Multiply Line 5 by Line 6 by Line 7 by 10 e )</li></ul>	
	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 )	

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		Assistant Manager
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	
	Total Health and Welfare Benefits ( Multiply Line 2 by Line 8 )	
	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)	

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	Description	Manage
No	Description	Propose
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	即是大學規模
	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	36年4月2日 00年4月
	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**

Date: 8/29/2018

Service: KSC-Mail Services

Location: Kennedy Space Center, Kennedy Space Center FL

**JPID**: 13115

**Project**: 042916

CNA: SourceAmerica

Contract #: NNK13OR20C

**Vehicle Operation (7)** 

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 )



#### **Summary of Rental 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

Total For ()

**Applicable Sales Tax** 

Sub Total For () including Taxes

(b) (4)

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

#### **Other 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 Cost

(b) (4)

**Grand Total** 

Applicable Sales Tax

**Grand Total including Taxes** 

(b) (4)

# 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

				Contract	#: NNK13OR20C	
Des	cription	Base Year	FOY 1	FOY 2	FOY 3	
1.	Labor	(b) (4)	EXCLUSION SALE	FARM STATE	372 3 3 75	1011
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	al				
	Monthly					
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#### **KSC-Mail Services FOY Work Sheet**

Date: 8/29/2018

Service : KSC-Mail Services

Location: Kennedy Space Center, Kennedy Space Center FL

**JPID**: 13115

**Project**: 042916

CNA: SourceAmerica

Contract #: NNK13OR20C

FOY 2 **Cost Elements Base Year FOY 1** FOY 3 **FOY 4** (b) (4) Direct Labor: Supervision: **Direct Labor Fringe:** Supervision Fringe: Supplies: Equipment: **Sub Contract:** Other Direct Costs: Sub Total A: Overhead: (Sub Total Ax (b) (4) (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:**