

<b>COST OR PRICE SUMMARY FORMAT FOR SUBAGREEMENTS UNDER THE STATE REVOLVING FUND PROGRAM</b>	<b>SRF-90-1</b>
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**PART I - GENERAL**

<b>1. APPLICANT</b> City of Taunton	<b>2. PROJECT</b> WWTF Phase 1 Improvements Contract S-2021-1 CWSRF 4605	
<b>3. NAME OF CONTRACTOR OR SUBCONTRACTOR</b> BETA Group, Inc.	<b>4. FEIN</b> 05-0398907	<b>5. DATE OF PROPOSAL</b> October 15, 2020
<b>6. ADDRESS OF CONTRACTOR OR SUBCONTRACTOR</b> 701 George Washington Hwy Lincoln, RI 02865	<b>7. TYPE OF SERVICE TO BE FURNISHED</b> Construction Administration Services Resident Inspection Services	

**PART II - COST SUMMARY**

8. DIRECT LABOR (Specify labor categories)	ESTIMATED HOURS	HOURLY RATE	ESTIMATED COST	TOTAL
Vice President	600	\$ 70.00	\$ 42,000	
Associate	650	\$ 60.00	\$ 39,000	
Project Manager	1540	\$ 55.00	\$ 84,700	
Project Engineer	1620	\$ 35.00	\$ 56,700	
Resident Inspector	2450	\$ 40.00	\$ 98,000	
<b>DIRECT LABOR TOTAL:</b>				<b>\$ 320,400</b>
9. INDIRECT COSTS (Specify indirect cost pools)	RATE	x BASE =	ESTIMATED COST	
Audited overhead at %	1.9	\$ 320,400	\$ 608,760	
<b>INDIRECT COSTS TOTAL:</b>				<b>\$ 608,760</b>
10. OTHER DIRECT COSTS				
a. TRAVEL			ESTIMATED COST	
(1) TRANSPORTATION	1	\$ 17,021.00	\$ 17,021	
(2) PER DIEM			\$	
<b>TRAVEL SUBTOTAL:</b>			<b>\$ 17,021</b>	
b. EQUIPMENT, MATERIALS, SUPPLIES (Specify categories)	QTY	COST	ESTIMATED COST	
		\$	\$	
<b>EQUIPMENT SUBTOTAL:</b>			<b>\$</b>	
c. SUBCONTRACTS			ESTIMATED COST	
MBE SUBCONTRACT (PEER Consultants)	4.28%		\$ 62,000	
WBE SUBCONTRACT (JK Muir)	4.48%		\$ 65,000	
GHD (Architect)			\$ 135,000	
SAR (MEP Engineering)			\$ 110,000	
<b>SUBCONTRACTS SUBTOTAL:</b>			<b>\$ 372,000</b>	
d. OTHER (Specify categories)			ESTIMATED COST	
			\$	
			\$	
<b>OTHER SUBTOTAL:</b>			<b>\$</b>	
<b>OTHER DIRECT COSTS TOTAL:</b>				<b>\$ 389,021</b>
<b>11. TOTAL ESTIMATED COST</b>				<b>\$ 1,318,181</b>
<b>12. PROFIT</b>				<b>\$ 131,819</b>
<b>13. TOTAL PRICE</b>				<b>\$ 1,450,000</b>

**PART III - CERTIFICATIONS**

14. CONTRACTOR

14a. HAS A FEDERAL AGENCY OR A FEDERALLY CERTIFIED STATE OR LOCAL AGENCY PERFORMED ANY REVIEW OF YOUR ACCOUNTS OR RECORDS IN CONNECTION WITH ANY OTHER FEDERAL GRANT OR CONTRACT WITHIN THE PAST TWELVE MONTHS?

~~YES~~            X NO    (If "YES" give name, address, and telephone number of reviewing office.)

14b. THIS SUMMARY CONFORMS WITH THE FOLLOWING COST PRINCIPLES

Overhead rates audited in accordance with standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States. Direct rates are supportable by certified payrolls.

14c. This proposal is submitted for use in connection with and in response to (1) City of Taunton, MA WWTF Phase 1 Improvements. This is to certify that to the best of my knowledge and belief that the cost and pricing data summarized herein are complete, current, and accurate as of (2) 10/15/20.

and that a financial management capability exists to fully and accurately account for the financial transactions under this project. I further certify that I understand that the subagreement price may be subject to downward renegotiation and/or recoupment where the above costs and pricing data have been determined, as a result of audit, not to have been complete, current, and accurate as of the date above.

(3) 10/16/2020

DATE OF EXECUTION



SIGNATURE OF PROPOSER

PROJECT MANAGER

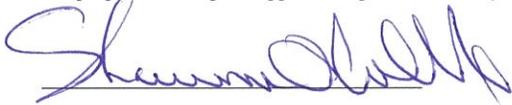
TITLE OF PROPOSER

15. APPLICANT

I certify that I have reviewed the cost/price summary set forth herein and the proposed costs/price appear acceptable for subagreement award.

10-13-2020

DATE OF EXECUTION



SIGNATURE OF APPLICANT

MAYOR

TITLE

16. DEP REVIEWER (if applicable)

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DATE OF EXECUTION

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SIGNATURE OF REVIEWER

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TITLE