

EcoHealth Alliance COST SUMMARY

Cost Element	Year 1			Year 2		
	Rate	Quantity	Total Amount	Rate	Quantity	Total Amount
	Hrly	# Hrs		Hrly	# Hrs	
PI - Dr. Andrew G. Huff	\$ 62.50	104	\$6,500.00	64.375	104	\$6,695.00
Dr. Maureen Miller	\$ 62.50	104	\$6,500.00	64.375	104	\$6,695.00
Dr. William Karesh	\$ -	104	\$0.00	0	104	\$0.00
TOTAL DIRECT LABOR		XX	\$13,000.00		XX	\$13,390.00
LABOR BURDEN	Rate	Lbr Burden Applied to	Total Amount	Rate	Lbr Burden Applied to	Total Amount
FRINGE BENEFITS	35.1%	\$13,000.00	\$4,563.00	35.15%	\$13,390.00	\$4,706.59
OVERHEAD			\$ -	%	\$	\$
TOTAL LABOR BURDEN			\$17,563.00			\$18,096.59
TOTAL MATL/EQUIPMENT			\$7,100.00			\$0.00
TOTAL TRAVEL COSTS			\$18,130.00			\$26,143.46
TOTAL ALL OTHER DIRECT COSTS			\$11,907.50			\$11,907.50
TOTAL SUBCONTRACTOR COSTS			\$41,433.15			\$43,117.66
TOTAL DIRECT COSTS			\$96,133.65			\$99,265.21
G&A, F&A, FCCM	Rate	Rate Applied to	Total Amount	Rate	Rate Applied to	Total Amount
G&A OR F&A	44.1%	\$96,134	\$42,394.94	44.1%	\$ 52,807	\$23,287.84
FACILITIES CAPITAL COST OF MONEY (FCCM) (Attach Completed DD Form 1861)			\$0.00			\$
TOTAL COSTS			\$138,528.58			\$122,553.05
FEE/PROFIT	Fee Rate	Fee Rate Applied to: (total cost, excluding travel & FCCM)	Total Amount	Fee Rate	Fee Rate Applied to: (total cost, excluding travel & FCCM)	Total Amount
FEE OR PROFIT	%	\$	\$0.00	%	\$	\$
TOTAL COST PLUS FEE			\$138,528.58			\$122,553.05
TOTAL REQUESTED			\$261,081.63			