**ATTACHMENT 2-D**

**Cost Worksheet**

**Addendum 2**

**Contractor Name:**

Complete the Cost Worksheet provided below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Title** | **Number of Staff Allocated to Project** | **Overtime Hourly Rate** | **Blended Hourly Rate\*** |
| Service Center Representative (Call Center/Key Data Operators) |  |  |  |

\*Blended hourly rate includes salary, benefits, and other direct costs.

**Please include the detail for the blended hourly rate:**

Salary: $

Benefits: $

Other Direct Costs (i.e. facilities, etc.):

Facilities, if applicable: $

Please list others, if applicable: $