

**FORMAT  
FOR  
QUARTERLY PROGRESS REPORTS**

A. Accomplishments/Significant Findings this Period:

B. Work Planned for Next Period:

C. Effort Expended by Key Personnel:

Effort (Staff-Hours)

Employee Name

Contract Time  
Allocated

Cumulative  
Last Period

Cumulative  
This Period

Senior Project Manager:

Other Key People:

D. Identification of Problems/Recommended Solutions:

**Department of Transportation  
Federal Highway Administration  
Office of Acquisition Management**

Billing Instructions

Cost Reimbursement Contracts

1. **Introduction**

Reimbursement procedures related to negotiated cost-type contracts involving the preparation and submission by Contractors of properly prepared vouchers to the Government. These instructions are provided for the use of Contractors in the preparation and submission of vouchers requesting reimbursement for work performed under the contract. The submission of vouchers as suggested herein will keep the correspondence and other causes for delay to a minimum and will thus assure prompt payment to the Contractor.

2. **Forms to be Used**

In requesting reimbursement, Contractors are urged to use the regular Government voucher forms, "Public Voucher for Purchases and Services Other than Personal," SF-1034\* (Exhibit A), and "Public Voucher for Purchases and Services Other than Personal - Continuation Sheet," SF-1035\* (Exhibit B). The Contractor may also use its own forms, provided the Contractor's forms follow the format of SF-1034 and SF-1035.

\*Offerors may contact Sarah Berman for a copy of these documents, if needed. The documents are not included in the electronic version of the RFP.

3. **Preparation**

Each billing shall be prepared in an original and two copies, arranged in two parts as follows, and submitted at intervals as specified by the terms of the contract. Each billing must be sequentially numbered, beginning with one for each contract. Billings for different contracts may not be co-mingled on a single billing.

**Part I - Summary of All Costs (See Exhibit A Attached)**

This portion consists of a listing of cost elements, by general categories, i.e., direct labor, overhead, etc., showing the amounts incurred during the period covered by the billing. The reimbursement costs incurred, and the dates for the period for which billing is made, must fall within the period as set forth in the contract.

The Contractor shall include the following signed certification for support service contracts:

“I certify that the hours and/or materials identified are allocable to the job being billed and that the costs are justified as attributable solely to the performance of this Government contract.”

The Contractor shall include the following signed certification for all other cost reimbursement contracts other than support services:

“I certify that all payments requested have been incurred, are allocable to this contract and have not been billed previously.”

**Part II - Details of Direct and Indirect Costs:**

This part consists of a detailed statement of direct and indirect costs and supports each category of costs shown in Part I. The Contractor shall include a breakdown for the current billing period and cumulative totals since contract execution. The detailed information to be continued in Part II is to assist the Contracting Officer and program office personnel in verifying voucher vis-à-vis contract performance. The categories of costs should be itemized and described as follows:

a. **Direct Labor**

Direct labor costs consist of salaries and wages paid for scientific, technical, and other work performed pursuant to the terms of the contract and shall be billed as follows:

List employees whose salaries or wages, or portions thereof, were charged to the contract; show the name, title, rate, days (or hours) worked and amount for each individual. Indicate if the labor rates include fringe benefits. If it is the Contractor’s established practice to treat fringe benefits as a direct cost at a percentage of total labor costs, show the rate and amount as a separate item. If it is the Contractor’s established practice to treat fringe benefits as an indirect cost, such costs shall be billed separately as an indirect cost item.

The cost of direct labor charged directly to the contract shall be supported by time records maintained in the Contractor’s office.

**NOTE:** Fringe benefits, bonuses, etc., are usually treated as indirect costs for inclusion in the overhead pool; however, they may be treated as direct labor costs or as “Other Direct Costs” if this treatment is in accordance with generally accepted accounting standards.

Premium pay is the difference between the rates normally paid on a straight time basis, and amounts paid for overtime or shift work. Such pay is not included in the direct labor and shall not be included in the billing for "direct labor" unless the Contractor has permission to utilize premium rates.

Unless provided for in the contract, premium pay must be authorized by the Contracting Officer in advance. Billings for unauthorized premium pay cause delays in payment due to suspensions and exchange of correspondence. Citations to authorizations for premium pay will avoid delays in payment.

Authorized premium pay may be shown in Part I as a single item; in Part II it must be separately itemized for each position or job category showing the amount and a citation of the Contracting Officer's letter of authorization.

If there is an annual escalation clause for direct labor in the contract, these rates shall not be exceeded in the billings.

b. **Materials and Supplies**

Only those items which the Contractor normally treats as "direct costs" shall be claimed under this heading. Items costing less than \$25 should be listed by category of materials or supplies (e.g., film, rentals, office supplies). Materials and supplies which exceed a unit price of \$25 should be billed separately. Show the description and dollar amount of individual items. All materials and supplies charges must be supported by the Contractor's records.

c. **Other Direct Costs**

**NOTE:** Other direct costs represent expenses related directly to the contract, provided such expenses are consistently treated as direct costs rather than indirect costs.

d. **Travel**

When authorized in the contract as a direct cost, travel costs directly related to specific contract performance may be billed as a direct cost. Travel costs detail in Part II shall include:

1. Name of traveler and official title.
2. Purpose of trip.

3. Dates of departure and return to starting point (station or airport).
4. Transportation costs, identified as to rail, air, private automobile (including mileage and rate) and taxi.
5. Unless otherwise authorized, travel costs will be reimbursed based on DOT Travel Regulations. This regulation provides for CONUS Per Diem reimbursement prescribed by GSA. Current regulation limits first and last days of travel to 3/4 Per Diem for each day.

If travel is made at other than economy fares, a statement shall be included indicating the reason for the deviation. Also, a copy of the air or rail ticket shall be included.

e. **Consultant Fees**

Part II of the voucher shall include the consultant's name, rate, number of days or parts of days and the total amount of charges.

f. **Subcontract Payments**

The voucher shall include the name of the subcontractor and the total amount of charges, supported by a breakdown by elements of cost.

g. **Equipment**

Nonexpendable equipment must be identified, showing name of article, make, model, number of units, unit cost, and total cost.

h. **Indirect Costs**

Pending the establishment of final negotiated indirect rates for the Contractor's fiscal year or period of contract, whichever is applicable, indirect costs, i.e., overhead, fringe benefits and general and administrative expense must be billed at rates set forth in the contract. Rates can be changed during performance of the contract only by contract modification. When the rates are changed, the Contractor shall show revised rates on succeeding vouchers.

i. **Fixed-Fee**

Fixed-Fee is to be billed in accordance with the terms of the contract.

j. **Cost of Money**

If applicable, cost of money shall be billed at rates set forth in the contract.

k. **Withholding**

Indicate the amount of cost/fee to be deducted from the cost subtotal, along with the percentage of withholding, as set forth in the contract.

**SAMPLE FORMAT**  
**PRICE PROPOSAL BUDGET SUMMARY**  
*Please provide on a yearly basis*

**I. DIRECT LABOR**

{List each proposed individual or labor category (insert additional lines if needed). Indicate if escalation is included and how it is applied. Please provide a budget summary for each task.}

<i>Staffing</i>	<i>Estimated Hours</i>	<i>Hourly Rate</i>	<i>Estimated Cost</i>
<i>Total Direct Labor</i>			

**II. LABOR OVERHEAD**

Overhead Rate:                      Estimated Cost:

**III. SUBCONTRACTOR**

Direct Labor:

<i>Staffing</i>	<i>Estimated Hours</i>	<i>Hourly Rate</i>	<i>Estimated Cost</i>
<i>Total Direct Labor</i>			

Overhead Rate:  
 Other Direct Costs:  
 Travel:  
 G&A Rate:  
 Fee:  
 Total Estimated Cost:

**IV. TRAVEL**

Total Estimated Cost:



**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See page 4 for public burden disclosure)

<p>1. Type of Federal Action:  <input type="checkbox"/> a. contract  <input type="checkbox"/> b. grant  <input type="checkbox"/> c. cooperative agreement  <input type="checkbox"/> d. loan  <input type="checkbox"/> e. loan guarantee  <input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:  <input type="checkbox"/> a. bid /offer/application  <input type="checkbox"/> b. initial award  <input type="checkbox"/> c. post award</p>	<p>3. Report Type:  <input type="checkbox"/> a. initial filing  <input type="checkbox"/> b. material change                  For Material Change Only:                  year _____ quarter _____                   date of last report _____</p>
<p>4. Name and Address of Reporting Entry:  <input type="checkbox"/> Prime      <input type="checkbox"/> Subawardee                  Tier _____, if known:                   Congressional District, if known: _____</p>		<p>5. If Reporting Entry in No. 4 is Subawardee, Enter Name and Address of Prime:                   Congressional District, if known: _____</p>
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:                   CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:                   _____</p>	<p>9. Award Amount, if known:                   \$ _____</p>	
<p>10. a. Name and Address of Lobbying Entity                  (if individual, last name, first name, MI):                   (attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>	<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):                   (attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>	
<p>11. Amount of Payment (check all that apply):                  \$ _____ <input type="checkbox"/> actual    <input type="checkbox"/> planned                   12. Form of Payment (check all that apply):  <input type="checkbox"/> a. cash  <input type="checkbox"/> b. in-kind; specify: nature _____                  value _____</p>	<p>13. Type of Payment (check all that apply):  <input type="checkbox"/> a. retainer  <input type="checkbox"/> b. one-time fee  <input type="checkbox"/> c. commission  <input type="checkbox"/> d. contingent fee  <input type="checkbox"/> e. deferred  <input type="checkbox"/> f. other; specify: _____</p>	
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s) or Member(s) contacted, for Payment Indicate in Item 11:                   (attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached:    Yes _____    No _____</p>		

<p>16. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p><b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____</p>
<p><b>Federal Use Only:</b></p>	<p>Authorized for Local Reproduction Standard Form-LLL Approved by OMB 0348-0046</p>

**DISCLOSURE OF LOBBYING ACTIVITIES**  
CONTINUATION SHEET

Reporting Entity:

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks ASubawardee then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., ARFP-DE-90-001.
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in items 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official that sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

OF-17 (12/93) Offer Label FAR (48) CFR 53.214(g)) FAR (48) CFR 53.215-1(h))  
NOTICE TO OFFEROR

1. This label may only be used on envelopes larger than 156 mm (6 1/8 inches) in height and 292 mm (11 1/2 inches) in length.
2. Print or type your name and address in the UPPER left corner of the envelope containing your offer.
3. Complete the bottom portion of this form and paste it on the LOWER left corner of the envelope, unless the envelope is 156 mm by 292 mm (6 1/8 inches by 11 1/2 inches) or smaller.

<b>OFFER</b>
<b>SAMPLE</b>
<b>SOLICITATION NO.: <u>DTFH61-08-R-00028</u></b>
<b>DATE FOR RECEIPT OF OFFERS:</b>
<b>TIME FOR RECEIPT OF OFFERS: _____ 4:15 PM</b>
<b>OFFICE DESIGNATED TO RECEIVE OFFERS</b>
<b>Federal Highway Administration Office of Acquisition Management 1200 New Jersey Avenue, SE Washington, DC 20590</b>
<b>Attention: Aimee Drewry, HAAM-40F</b>

### PAST PERFORMANCE QUESTIONNAIRE

**Reference Information:** Provide the following information for the Organization that performed the referenced work:

**Reference Information:**

Offeror's Prime Name: \_\_\_\_\_

Referencee's Name: \_\_\_\_\_

Solicitation Number & Title: \_\_\_\_\_

**Organization/Person Providing the Reference Information:** Provide the following information for the Organization and Person/Point of Contact (POC) providing the reference (to assist us in tracking responses received and resolving any conflicts in the evaluation process if necessary):

**Reference Information:**

Organization Name: \_\_\_\_\_

Questionnaire Completion Date: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Contact Numbers: Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Organization/Office: \_\_\_\_\_

Position Title: \_\_\_\_\_

**Reference Project Information:** Provide the following information about the referenced project.

**Reference Project Information:**

Customer Organization/Office: \_\_\_\_\_

Project Title: \_\_\_\_\_

POC Period of Involvement: \_\_\_\_\_

Type of Contract: \_\_\_\_\_

Period of Performance: Start Date: \_\_\_\_\_ Length \_\_\_\_\_

Contract Value: Initial \_\_\_\_\_ Current \_\_\_\_\_

**PAST PERFORMANCE QUESTIONNAIRE**

For the following questions, please circle/check the appropriate rating. Comment lines are provided for additional information if the #2 or #1 rating is given (however the comment lines may be used to provide any additional information deemed noteworthy).

		High			Low	
1.	<b>QUALITY OF SERVICE:</b>	5	4	3	2	1
This area deals with compliance of contract requirements, to include appropriateness of personnel and technical excellence.						
2.	<b>TIMELINESS OF PERFORMANCE:</b>	5	4	3	2	1
This area deals with the contractors ability to meet milestones and delivery schedules, to include responsiveness to technical direction, completion of efforts on time including wrap-up and contract administration.						
3.	<b>PRICE/COST CONTROL:</b>	5	4	3	2	1
This area deals with the contractors ability to control price/cost escalation during performance to include appropriate budgetary estimates, current/accurate/complete billings/invoices, relationship of negotiated costs to actual, claim submissions, cost efficiencies, and change order issues.						
4.	<b>CUSTOMER SATISFACTION:</b>	5	4	3	2	1
This area deals with the contractors commitment to satisfaction and cooperative/reasonable businesslike behavior with own staff and customers to include: effective management, responsiveness to contract requirements, operates with honesty and integrity, prompt notification of problems, flexible and proactive qualities, effective contractor-recommended solutions, and effective subcontracting and teaming arrangements.						

Comments (attach additional pages as necessary):

**GENERAL INFORMATION:** Please provide answers to the following questions.

5. Has the contractor ever been given a cure notice, show cause notice, suspension of progress payments, or other letters directing the correction of a performance problem; or has this contract been partially or completely terminated, or is there any pending termination actions?

No  Yes

If yes:  Default  Convenience; and please explain:

6. Changes in contract dollar value throughout the life of the contract are/were attributable, for the most part, to:
- Government-issued change orders
  - claims submitted by the contractor
  - other Government actions
  - other contractor actions (please explain below)
7. Based on this contractor's overall performance, would you award this contractor another Government contract?
- Yes  No If no, please explain:
8. If any of the above responses are based on adverse past performance, have you discussed it with the contractor and has the contractor had an opportunity to comment?
- Not Applicable  Yes  No If yes or no, please explain: