

Company Name: _____

EXHIBIT C

RATE SCHEDULE

EMPLOYEE / JOB CATEGORY	HOURLY RATE	MULTIPLIER	TOTAL RATE
<i>Name:</i>	\$		\$
<i>Title:</i>			
<i>Name:</i>	\$		\$
<i>Title:</i>			
<i>Name:</i>	\$		\$
<i>Title:</i>			
<i>Name:</i>	\$		\$
<i>Title:</i>			
<i>Name:</i>	\$		\$
<i>Title:</i>			
<i>Name:</i>	\$		\$
<i>Title:</i>			
<i>Name:</i>	\$		\$
<i>Title:</i>			
<i>Name:</i>	\$		\$
<i>Title:</i>			

Use additional copies of this form as needed.

Audited Indirect Rate: _____

Profit Rate Not-to-Exceed 10%. Consultant shall be reimbursed only for employees working directly on Services for the Authority project.

Profit Rate on Subconsultants Not-to-Exceed 5%.