**ATTACHMENT 8  
COST PROPOSAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position**  **(example: Guard, Supervisor, etc.)** | **Total Weekly Hours** | **Hourly Billing Rate** | **Weekly Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**extra items included in above rates**

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**Extra Costs**

**(**Any additional costs that the Contractor identifies as required items as associated to this project, that were not requested in the Bid must be listed below and included in the TOTAL COST)

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**Total Extra Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Weekly Cost\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**