

Request for Extenuating Funds at the Bison Site

Summary Cost Estimate

Contract Number: _____

Date Submitted to EPA: _____

Description of Request:

Summary Cost Estimate (detailed cost estimate on following page):

Personnel Hours
Personnel Costs
Materials
Subcontractor _____
<u>Total Cost</u> _____

Is repair critical Yes or No?

Date when repair is needed to be completed (if applicable) _____

Request for Extenuating Funds
Ohio EPA Bison Site
Detailed Cost Estimate

Personnel

Labor Category	Hourly Rate	Number of Hours	Total Costs

Total Personnel Costs
Total Personnel Hours

Materials

Description of Materials Purchased	Costs	Total Costs

Total Materials Costs

Subcontractor

Name of Subcontractor <i>(attach estimates)</i>	Costs	Total Costs

Total Subcontractor Costs

Total Costs for this Request
