

RFP 24-01
NCAA COMPLIANCE AUDIT
KENTUCKY STATE UNIVERSITY
ATTACHMENT C – COST FORM

Vendor Name: _____

Please Note: For evaluation purposes only, the all inclusive hourly rate will be multiplied by a total of 1000 maximum hours.

List of personnel assigned to project with hourly rate and estimated percentage of time.

Personnel/Title	Hourly Rate	Estimated % of time to audit

All Inclusive Hourly Rate: \$_____ (Basis for contract award amount)

