

Attachment 1
Cost Proposal Format
[For Example Purposes Only]

Name of Vendor: _____

Task	Description	Quote (€) ¹	Cost Type	Estimated Total Cost (€) ²	Costing Assumptions ³
1	Third Party Representative		Hourly Rate		Assumed [X] hours per month per substance, [X] substances, and [X] months
2	Consortia Participation		Hourly Rate		Assumed [X] hours per month per consortium, [X] consortium, and [X] months
					Assumed [X] hours per month per consortium, [X] consortium, [X] months
				N/A	Assumed [X] hours per substance
				N/A	Assumed [X] hours per substance
					Assumed [X] hours per substance
					Assumed [X] hours per substance
				N/A	Assumed average of [X] hours per study
				N/A	Assumed [X] hours per substance
				N/A	Assumed [X] hours per substance
				N/A	Assumed [X] hours per substance
					Assumed [X] hours per substance
13	Exposure Assessment / Risk Characterization		Hourly Rate		Assumed [X] hours per substance

SAMPLE

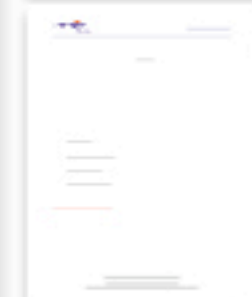
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