

**ATTACHMENT D-1**  
**Functional Area I – COTS Software ~~GSA Schedule Price~~ MSRP Commitment**

I acknowledge by signing this attachment, the requirement of providing pricing no higher than the lowest posted ~~GSA Schedule price~~ MSRP as of the date of PORFP proposal submission ~~at the time of the~~ PORFP response.

OFFERORS SHALL STATE BELOW THE MANUFACTURER OF THE COTS SOFTWARE PROPOSED (Attach additional sheets, if necessary):

Submitted By:

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Authorized Signature

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Date

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Printed Name And Title

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Company Name

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Company Address

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FEIN Number

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Telephone Number

**ATTACHMENT D-2 FUNCTIONAL AREA II  
Installation and Training Services Labor Rate Schedule**

NOTE: COMPLETING D-2 REQUIRES OFFERORS TO ALSO COMPLETE D-1 FOR THE  
CORRESPONDING SOFTWARE AND/OR D-3 FOR MAINTENANCE

#	Labor Category	Contract Year1 Fully Loaded Hourly Rate	Contract Year2 Fully Loaded Hourly Rate	Contract Year3 Fully Loaded Hourly Rate	Contract Year4 Fully Loaded Hourly Rate	Contract Year5 Fully Loaded Hourly Rate
1.	Training Specialist/Instructor					
2.	Network Administrator					
3.	Subject Matter Expert					

Contract year one begins on the date of the contract award and continues until ~~March~~ **August** 31, 2008, contract year two begins on ~~April~~ **September** 1, 2008 and continues for one year until ~~March~~ **August** 31, 2009, etc.

Submitted By

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Authorized Signature

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Date

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Printed Name And Title

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Company Name

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Company Address

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FEIN Number

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Telephone Number

**ATTACHMENT D-3 -FUNCTIONAL AREA III**  
**Manufacturer's Software Maintenance ~~GSA Schedule Price~~ MSRP Commitment**

I acknowledge by signing this attachment, the requirement of providing pricing no higher than the ~~lowest posted GSA Schedule price~~ MSRP for the specified manufacturer's software maintenance as of the date of at the time of the ~~PORFQ response~~ POREP proposal submission.

OFFERORS SHALL STATE BELOW THE MANUFACTURER LINE(S) FOR WHICH ~~OF THE LINE~~ MAINTENANCE IS BEING PROPOSED (Attach additional sheets, if necessary):

Submitted By:

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

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Printed Name And Title

\_\_\_\_\_

Company Name

\_\_\_\_\_

Company Address

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FEIN Number

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Telephone Number