



University of Colorado  
Boulder

FACILITIES MANAGEMENT

**Planning, Design & Construction**

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**UCB Standing Order Contractor Program  
RFP Addendum Six (06)  
September 15, 2021**

By this addendum, the SOC RFP is amended as follows:

1. The attached "Direct Labor Burden Calculation" form (SBP-6.18) is required to be submitted prior to the start of construction on projects under \$150,000.00.
2. For projects that will be awarded under a SC-6.21 Contractor's Design/Bid/Build agreement, the Direct Labor Burden Calculation form(s) will be requested with the Notice of Award.
3. Contractor is required to provide one completed form per firm and trade.

**End of Addendum**



STATE OF COLORADO  
OFFICE OF THE STATE ARCHITECT  
STATE BUILDINGS PROGRAM

**DIRECT LABOR BURDEN CALCULATION**

Institution/Agency: University of Colorado  
Project No./Name: \_\_\_\_\_  
Firm / Trade \_\_\_\_\_

This form is required to be submitted for review prior to execution of a construction agreement.

List items below by the percentage of what makes up the total labor burden; Items include benefits that a contractor pays to employees on their payroll. Examples include taxes, pension cost, health and dental insurance etc. The Labor Burden amount must be agreed to by both the contractor and Principal Representative and will be included in the contract as part of Exhibit A and will be used in the calculation of any future Change Order Proposals (SC-6.312) Line 2.

Major sub-contractors defined as electricians, plumbers, mechanical contractors, excavators, millwork, concrete, block layers etc. Please provide one (1) Labor Burden Calculation Sheet per contractor and for each sub-contractor. These labor burdens shall be used in the calculation of any future Change Order Proposals (SC-6.312) Line 10.

State reserves the right to require back-up confirmation of all information included in this calculation.

	Percent of Salary Paid	
Payroll Taxes		
Pension Costs		
Health Insurance		
Dental Insurance		
Life Insurance		
Other (Specify)		Description: _____
Other (Specify)		Description: _____
<b>Total Labor Burden:</b>	<b>0%</b>	