APPENDIX C
Committee Pricing Formats

All Committee formats have multiple uses. These formats may be used by Nonprofit Agencies and NIB/NISH for submitting proposals to Contracting Activities and must be used for providing information required under PR-3 to the Committee. The Contracting Activities’ formats and forms must be used by the Nonprofit Agencies when requested by the CA and must be provided to the Committee, along with the following formats and the Contract Section Schedule B.

Price Proposal
SPF-1

1. Submitting proposals to Contracting Activities.
2. Recommending the Base Price to the Committee at the time of Procurement List addition and for recommending new Base Year.
3. As a cover sheet to forward pricing data and formats requested by the Contracting Activity.

Price Proposal Follow-on Years
SPF-2

1. Submitting proposals to Contracting Activities for Follow-On Year Pricing.
2. Reporting Follow-On Year Pricing agreements to the Committee.
3. Incorporation into a contract’s Schedule B upon award of a contract after Procurement List addition.

Price Breakdown
SPF-3

1. Submitting details on cost elements to support proposed prices when required under cost analysis or cost realism analysis.
2. Reporting details on specific price elements to the Committee when required.
3. A tool for Nonprofit Agencies to develop a price proposal.
4. As a cover sheet to forward pricing data and formats requested by the Contracting Activity.

Staffing Breakdown
SPF-4

1. Submitting details on direct labor elements to support proposed prices when required under cost analysis or cost realism analysis.
2. Reporting details on specific price elements to the Committee when required.
3. As a work tool for developing other data required by the Committee for the addition of a project to the Procurement List.
Service Pricing Memorandum No 3 (PR3)

Price Proposal

Date: ____________ PL Number: ________ Project Number: ____________

Solicitation/Contract Number: ________________________________

Service Name: _______________________________________________________________________________________

Service Location: _____________________________________________________________________________________

Contracting Office: ___________________________________________________________________________________

Contracting Officer: __________________________________________________________________________________

Contracting Officer Phone: ____________ Fax: ____________ Email: ____________

Nonprofit Agency: ____________________________________________________________________________________

NPA Contact: _______________________________________________________________________________________

NPA Contact Phone: ____________ Fax: ____________ Email: ____________

NIB or NISH: _______________________________________________________________________________________

Contact: ___________________________________________________________________________________________

Contact: Phone: ____________ Fax: ____________ Email: ____________

Service Period: ____________ through ____________ FOY Agreement? ____YES ____NO

Price Proposal:

Price per Year: ____________ Price per Month: ____________

Or

Unit Price: ____________ Quantity: ____________

Certifications:

Contracting Activity Certification: Signature: __________________________________________________________________

As Contracting Officer, I certify that I have determined the price recommendation to be fair and reasonable in accordance with The Committee’s Pricing Memorandum No. 3 and using the standards set forth in FAR 15.404-1 Proposal Analysis Techniques. The analysis method used for determining the recommended price(s) to be fair and reasonable was: _____Price Analysis _____Cost Analysis _____Cost-realism Analysis _____Other (Explain)

NPA Certification: Signature: __________________________________________________________________

As the Nonprofit Agency representative, I certify that we have participated in development of this FMP recommendation and agree to provide the service according to the pricing terms and conditions of this agreement

CNA Certification: Signature: __________________________________________________________________

In accordance with the Code of Federal Regulations (CFR 51-3.2(e) and 51-3.2(i)), as the Central Nonprofit Agency representative, I certify that my organization has participated in the development and/or review of the recommended FMP and that the Contracting Officer has indicated their agreement with the recommended price. I recommend the Committee approve the Fair Market Price.

SPF-1
Price Proposal
Follow-On Year

Date: ____________ PL Number: ____________ Project Number: ____________
Solicitation/Contract Number: _____________________

Service Name: __________________________________________
Service Location: ________________________________________

Base Year Service Period: __________________ through ______________________

1. Follow-On Year Annual Prices:

   FOY1: __________ ____________ through ________________
   FOY2: __________ ____________ through ________________
   FOY3: __________ ____________ through ________________
   FOY4: __________ ____________ through ________________

2. Follow-on Year Pricing Agreement

   Indicate the attachments submitted to support this proposal:
   □ Draft Contract
   □ Statement of Work
   □ Schedule B
   □ Price Analysis Documentation
   □ Follow-On Year Agreement (if applicable)
   □ Price Proposal information submitted to CA
   □ Other: ________________________________

SPF-2

Final 18 of 23 January 26, 2007
Price Breakdown

Date: ____________  PL Number: ____________  Project Number: ____________

Solicitation/Contract Number: ________________________

Service Period: _______________ through _____________________
Service Name: __________________________________________
Service Location: ________________________________________

Direct Labor: __________
Direct Labor Fringe: __________

Direct Line Supervision: __________
Direct Line Supervision Fringe: __________

Supplies: __________
Equipment: __________
Subcontracts: __________
Other Direct Costs: __________

Total Direct Costs: __________

Overhead/G&A/Net Proceeds: __________

ANNUAL BASE PRICE: __________

MONTHLY PRICE: __________
or
UNIT PRICE/Quantity: __________
Service Pricing Memorandum No 3 (PR3)

Staffing Breakdown

Date: ___________  PL Number: ___________  Project Number: ___________

Solicitation/Contract Number: ________________________

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SPF-4