

**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.

**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 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 \_\_\_\_\_

