Harris County Department of Education

Complete after receive Proposals / Quotes but before contract award

**DETERMINATION OF COST OR PRICE ANALYSIS (REASONABLENESS)**

Purpose: Federal regulations require documentation of cost analysis or price analysis for every procurement action at or above $150,000 (*see* 2 C.F.R. § 200.323). The Determination of Cost or Price Reasonableness form is used to document the analysis showing that the offered price is fair and reasonable. The form is kept as part of the procurement file to demonstrate that the procurement process was conducted in an open and fair manner and that HCDE received the most advantageous price. **This form is required by the Grant Director who is responsible for grant oversight and implementation of internal controls to meet the grant requirements.**

Instructions:

1. Complete a separate Determination of Cost or Price Reasonableness form for each vendor being recommended for contract award. Complete all sections.

2. Provide a detailed discussion of your price analysis or cost analysis. A Determination of Cost or Price Reasonableness form that lacks sufficient detail cannot be approved.

3. Sign in blue ink and date the form.

4. Maintain a copy on the grant file subject to retention schedules

5. Submit completed form to the Purchasing Director prior to contract award.

*An improperly completed and/or unsigned form will be returned to the Grant Director.*

**Prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Grant Director)

**Email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Division:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject:** Determination of Cost or Price Reasonableness

**Good or service to be acquired:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RFP #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Independent Estimate Produced before Receiving Bids or Proposals:**   Yes (attach supporting document(s))

**Vendor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Attach written quotation or other information that documents the estimate of cost or price reasonableness)**

**(As necessary include unit costs, rates, schedules, price estimates, and budgets, etc.)**

1. **This expenditure is being made under one or more of the following (check those that apply and attach supporting documentation):**

A. Sole source (as defined under TEC 44.031(j))

B. Emergency procurement (as defined under TEC 44.031(h))

C. Interlocal agreement or purchasing cooperative (TEC 44.031(a)(4) / Tex. Gov’t Code Ch. 791; 2 C.F.R. § 200.318(e))

D. Request for Quotations for goods or services at or above $150,000 (HCDE has a procedure of procuring and securing

quotes for items under $50,000 and above $2,500)

E. Request for Proposals for goods or services at or above $150,000 (HCDE has a policy of procuring goods and

services valued at $50,000 or above in accordance with TEC 44.031(a))

F. Request for Quotations or Requests for Proposals (where the solicitation is publically posted) where only one (1)

quote/proposal is received

G. Professional services (as defined under TEC 44.031(f) and/or Ch. 2254 of the Tex. Gov’t Code)

H. Price adjustment to Purchase Order No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Contract No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and already

procured under item A – G)

I. Extension of an existing contract past its initial term. Contract extension is allowed under procurement method or

contract. Extension must adhere to CH Local requirements for board approval and rationale is beneficial to HCDE.

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J. Other condition (specify):

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1. **Cost or price offered or fee negotiated is considered fair and reasonable for the following reason(s), and if applicable, is supported by attached documentation and/or a detailed discussion of the cost or price analysis *(select at least one applicable situation):***

Comparison of previous HCDE purchase order and contract prices with current proposed price, for the same or similar items. Both the validity of the comparison and the reasonableness of the previous price(s) have been established *Attach the referenced HCDE purchase orders/contracts, amounts, issuance dates, and how they are similar to the current purchase.*

Comparison with Vendor’s published price lists, market prices, pricing indexes, and discount or rebate arrangements. *Attach published price list or other published pricing information used* *(a vendor’s quotation or correspondence does not qualify as a published price list).*

Comparison of proposed price with independent cost estimates. *Attach estimates used*.

Comparison of proposed price with prices obtained through market research for the same or similar items. *Attach documentation of research conducted*.

Analysis of Offeror’s cost information. *Attach cost information*.

The order is priced in accordance with existing HCDE Purchase Order No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or HCDE Contract No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which was competitively established.

Other reason (specify):

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**CERTIFICATION:**

*I certify that the information provided above is true and correct to the best of my knowledge and belief. I further certify that I have determined that the costs or prices proposed are necessary, fair, and reasonable.*

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Full Name of Individual Preparing Form

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Signature Date

**APPROVED:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level One: Full Name of Program Manager (Grant)

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Signature Date

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\*Level Two: Full Name of Director of Purchasing

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Signature Date

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\*Level Three: Full Name of Assistant Superintendent for Program (grant)

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Signature Date

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\*Level Four: Full Name of Assistant Superintendent for Business

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Signature Date

\* Items above $50,000