**Cost/Price Analysis and Sole Source Justification Form**

**Required for all subawards under $100,000**

The ASU PI must complete this form. ASU policy requires that a cost/price analysis and a sole source justification be performed for subawards. Please comply with this requirement by completing the following and submitting this form along with documentation to the ASU Office of Research and Sponsored Projects.

|  |  |
| --- | --- |
| Subrecipient Name |  |
| Project Title |  |
| Research Sponsor |  |
| ASU PI |  |
| Subaward Project Total |  |
| Subaward Period of Performance |  |

**Acceptance of Costs: Cost/Price Reasonableness**

All costs proposed by Subrecipient under this subaward were reviewed and approved by the ASU PI as evidenced by the Cost/Price Reasonableness Checklist below.

If the cost item is included in the Subrecipient’s budget, the ASU PI must complete the cost/price verification. Please check the appropriate responses. **If the response is “Yes,” please collect and attach independent documentation, if documentation not included with the proposal, to show how these amounts were determined and why these amounts are reasonable. If the response is “No,” please prepare and attach a cost/price analysis that explains how these amounts were determined and why these amounts are reasonable.**

**1. Personnel (Salary/Wage Rates):** *Are the rates generally in line with standard rates for this industry?*

[ ] Yes

[ ] No – Salaries and level of effort have been reviewed and appear reasonable for the proposed scope of work. (Attach documentation from Subrecipient detailing the basis for salary/wage costs.)

[ ] No – Salaries and level of effort have been reviewed and DO NOT appear reasonable for the proposed scope of work.

[ ] No salaries in budget

**2. Standard Equipment and Supply Items** (Equipment and supplies must be separately itemized.)**:** *Are these items based on standard or catalog prices?*

[ ] Yes

[ ] No – The costs have been reviewed and appear reasonable and necessary for the proposed scope of work. (Attach documentation from Subrecipient detailing the basis for these costs.)

[ ] No – Standard equipment and supply items have been reviewed and DO NOT appear reasonable for the proposed scope of work.

[ ] No equipment or supplies in budget

**3a. Travel:** *Is the travel necessary?*

[ ] Yes

[ ] No

[ ] No travel in budget

**3b. Travel:** *Are the costs considered reasonable in comparison to published airfares, hotel rates, and per diem rates?*

[ ] Yes

[ ] No – The costs have been reviewed and appear reasonable and necessary for the proposed scope of work. (Attach documentation from Subrecipient detailing the basis for these costs.)

[ ] No – Travel costs have been reviewed and DO NOT appear reasonable for the proposed scope of work.

[ ] No travel in budget

**4. Other Costs** (All costs must be separately itemized.)**:** *Are the costs generally in line with standard rates for this industry?*

[ ] Yes

[ ] No – All other costs, including per patient costs, consultant costs, and when applicable (i.e., when subcontractor is a for-profit entity), profits or fees, have been reviewed and appear reasonable for the proposed scope of work. (Attach documentation from Subrecipient detailing the basis for these costs.)

[ ] No – Other cost items have been reviewed and DO NOT appear reasonable for the proposed scope of work.

[ ] No other costs in budget

**Sole Source Justification**

Identify sources considered, other than the selected Subrecipient, and why they cannot be used for this project:

[Add text here]

Describe the unique expertise and/or specialized facility of the selected Subrecipient that requires acquisition from this sole source:

[Add text here]

**Principal Investigator Verification**

Principal Investigator certifies that he/she [ ] does / [ ] does not have a financial interest of any kind in the Subrecipient.

If the Principal Investigator does have a financial interest, the Conflict of Interest certification has been completed for this project.[ ]  Yes [ ] No [ ] NA (no financial interest)

**Arizona State University Principal Investigator Certification:** By signing below, I certify all proposed costs under this Subaward are allowable, allocable, fair and reasonable for the proposed Statement of Work.

(Signature)

(Type or print name and title of Principal Investigator)

(Date)