**Cost/Price Analysis Form**

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

**To be completed by Commercial or International Subrecipients**

|  |  |
| --- | --- |
| Subrecipient Name |  |
| Subrecipient PI |  |
| Project Title |  |
| Period of Performance |  |
| Proposed Budget Total |  |
| Federal/State Funding Agency |  |

Federal and State regulations require that a cost/price analysis be performed for all subawards. Separate cost elements must be explained and justified, and cost or pricing data must be documented as reasonable and competitive. Documentation may be based on published government rate schedules, applicable industry standards, current price lists, quotations, or catalogues. Please complete and submit this form along with backup documentation to Arizona State University.

**Personnel (Salary/Wage/Labor Expenses): Proposed Total $**

Please explain why the number of hours, percentage of salary, or labor rates stated in the subaward budget are necessary and justified for the research. Please attach your organization's applicable salary schedule or hourly rates. For hourly rates, please explain how time cards are kept.

[Add text here]

**Facilities and Administrative Cost/Benefits or Overhead Expenses:**

 **Proposed Total $**

Please explain the basis for facilities and administrative costs and/or benefit costs included in the subaward budget (for example, your organization's historic accounting data, applicable government rates, or industry standards). Please attach the applicable cost data.

[Add text here]

**Capital Equipment (over $5000): Proposed Total $**

Please explain why equipment to be purchased under the subaward is necessary to carry out the proposed research. Please attach price lists, quotations or invoices to show that the proposed costs are reasonable.

[Add text here]

**Travel: Proposed Total $**

Please explain each trip and why the travel is necessary for the project. Please attach comparisons of airfare, hotel rates and per-diem rates to show that the budgeted costs are reasonable.

[Add text here]

**Other Costs (includes non-capital equipment (under $5000) and special purpose supplies, patient costs, and consultant costs):**

**Proposed Total $**

Please explain why each of these items is needed for the project. Please attach price lists, quotations or invoices for each item.

[Add text here]

**Profit, Margin or Contract Fee Charged by Subrecipient:**

**Proposed Total $**

If any fee or add-on charge for profit, margin, and contract fee or otherwise is included in the subaward budget, please explain the basis for it and attach related documentation showing that it is reasonable.

[Add text here]

**Subrecipient 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 Authorized Official)

(Date)