



COST/PRICE Analysis Form

TO BE COMPLETED BY *COMMERCIAL OR INTERNATIONAL SUBRECIPIENTS*

Subrecipient Name	
Subrecipient Principal Investigator	
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 NIU Office of Sponsored Programs Administration (SPA).

1. 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.

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2. Indirect Cost/Benefits or Overhead Expenses:

Proposed Total \$ _____

Please explain the basis for indirect 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.

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3. 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.

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4. 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.

5. 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.

6. 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.

SUBRECIPIENT AUTHORIZED APPROVER:**THIS BOX MUST BE COMPLETED**

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 of Subrecipient's Authorized Official)

DATE

(Type or print name and title of Authorized Official)