## **ESTIMATED COST FORM**

# Price Analysis & Maximum Feasible Price Determination

| Procurement/Project Name: |      |       |
|---------------------------|------|-------|
| Procuring Department:     |      |       |
| Procuring Employee:       |      |       |
|                           | Name | Title |

#### **INSTRUCTIONS**

- 1. Complete this form <u>before issuing a Solicitation</u> to conduct a Price Analysis and use those results to determine the Maximum Feasible Price for the Procurement.<sup>1</sup>
- 2. List all research performed and attach supporting documentation. If more space is needed in any section, please provide the additional information in an attached document.

#### **AVAILABLE FUNDS**

| FUNDING SOURCE | TOTAL APPROPRIATED | EXPIRATION DATE |
|----------------|--------------------|-----------------|
|                | \$                 |                 |
|                | \$                 |                 |
|                | \$                 |                 |

### **PRICE ESTIMATES OBTAINED**

(catalogues, websites, stores, prior competitive procurements that are the same or very similar, etc.)

| Source of Price Estimate | TOTAL PRICE |
|--------------------------|-------------|
|                          | \$          |
|                          | \$          |
|                          | \$          |
|                          | \$          |
|                          | \$          |
|                          | \$          |

#### **PRICE ESTIMATES BY CATEGORY**

If the procurement includes multiple price elements, such as per item costs, labor, materials, travel, or support costs, <u>and</u> your department has completed previous procurements the same or very similar to this one, estimate each cost element based on those previous procurements and insert those estimates in each section below.

#### **PERSONNEL COSTS**

(ex: professional, nonprofessional, support staff, labor)

| PERSONNEL CATEGORY             | # Hours | HOURLY RATE | TOTAL PRICE |
|--------------------------------|---------|-------------|-------------|
|                                |         | \$          | \$          |
|                                |         | \$          | \$          |
|                                |         | \$          | \$          |
|                                |         | \$          | \$          |
|                                |         | \$          | \$          |
|                                |         | \$          | \$          |
| Total Estimated Personnel Cost |         | \$          |             |

Page 1 of 2

Form NNDOJDec2024

<sup>&</sup>lt;sup>1</sup> 12 N.N.C. § 331; 2 CFR §§ 200.318(i), 200.324(a).

## GOODS, MATERIAL, AND EQUIPMENT COSTS

| ITEM DESCRIPTION                                  | QUANTITY | PER ITEM COST | TOTAL PRICE |
|---|----------|---------------|-------------|
|   |          | \$            | \$          |
|   |          | \$            | \$          |
|   |          | \$            | \$          |
|   |          | \$            | \$          |
|   |          | \$            | \$          |
|   |          | \$            | \$          |
| Total Estimated Equipment, Materials, Supply Cost |          | Ś             |             |

### **TRAVEL COSTS**

(ground, air, hotel, per diem, etc.)

| PERSONNEL TRAVELLING | TRAVEL EXPENSES              | TOTAL PRICE |
|----------------------|------------------------------|-------------|
|                      |                              | \$          |
|                      |                              | \$          |
|                      |                              | \$          |
|                      |                              | \$          |
|                      |                              | \$          |
|                      |                              | \$          |
|                      | Total Estimated Travel Costs | \$          |

## **OTHER ESTIMATED COSTS**

(ex. profit, indirect costs, fringe benefits, and any other costs you anticipate will be part of the procurement)

| ITEM DESCRIPTION | QUANTITY | PER ITEM COST        | TOTAL PRICE |
|------------------|----------|----------------------|-------------|
|                  |          | \$                   | \$          |
|                  |          | \$                   | \$          |
|                  |          | \$                   | \$          |
|                  |          | \$                   | \$          |
|                  |          | \$                   | \$          |
|                  |          | \$                   | \$          |
|                  | TOTAL    | OTHER ESTIMATED COST | \$          |

|                 |   | TOTAL OTHER ESTIMATED COST  |
|-----------------|---|---|
| ☐ Yes ☐ No      | •   | pased on the funds appropriated for the procurement, applicable nated project duration, and the market available for the goods, |
| Based on the    | Price Analysis above, the Maximum Feasi   | ble Price is: \$  |
|                 | Acknowled                                 | GEMENT & SIGNATURE  |
| I, the Procurin | ng Employee, certify that I completed the | orice analysis pursuant to the Navajo Nation Procurement Act and  |
| Regulations a   | nd that the Maximum Feasible Price estab  | lished is in the best interest of the Navajo Nation.  |
|                 |   |   |
|                 |   |   |
|                 | Signature                                 | Date  |
|                 | Printed Name                              | <del></del>   |

Form NNDOJDec2024 Page 2 of 2