

GRANT APPLICATION PACKAGE
FOR LETTERS OF AGREEMENT

1. **Cost of Pricing Proposal (FS-73)**
2. **Certification of Current Cost for Pricing Data (FS-74)**

**New Jersey Department of Health
COST OR PRICING PROPOSAL**

NAME OF GRANTEE	TITLE OF PROPOSED GRANT
ADDRESS	VENDOR IDENTIFICATION NUMBER
TOTAL AMOUNT OF PROPOSAL	

NOTE: THIS FORM IS FOR USE WHEN SUBMISSION OF COST OR PRICING DATA IS REQUIRED.

DETAIL DESCRIPTION OF COST ELEMENTS

1. DIRECT LABOR (Specify Titles)	ESTIMATED HOURS	RATE PER HOUR	PROPOSED COST	NJDOH USE ONLY
TOTAL DIRECT LABOR				
2. FRINGE BENEFITS (Specify Types and Justify Percentages)	RATE	BASE	PROPOSED COST	NJDOH USE ONLY
TOTAL FRINGE BENEFITS				
3. MATERIALS AND SUPPLIES (Specify)			PROPOSED COST	NJDOH USE ONLY
TOTAL MATERIALS AND SUPPLIES				
4. TRAVEL (Specify Mileage Rate)			PROPOSED COST	NJDOH USE ONLY
A. NORMAL INTRASTATE				
B. CONFERENCES, ETC.				
TOTAL TRAVEL				
5. OTHER DIRECT COST (Specify)			PROPOSED COST	NJDOH USE ONLY
TOTAL OTHER DIRECT COST				
TOTAL DIRECT COST				
INDIRECT COST (Rate x Base of)				
TOTAL				

NOTE: AN INDIRECT COST ALLOWANCE MAY BE AWARDED TO ANY APPLICANT PROVIDED THAT STATE OR FEDERAL LEGISLATION DOES NOT PROHIBIT IT AND THAT THE APPLICANT HAS AN ESTABLISHED INDIRECT COST RATE. IF YOU HAVE AN ESTABLISHED INDIRECT COST RATE, ATTACH A LETTER FROM THE COGNIZANT AGENCY STATING APPROVED PERIOD OF TIME AND THE BASE TO WHICH RATE IS APPLIED.

I CERTIFY THIS INFORMATION IS TRUE AND CORRECT.

NAME
TITLE
SIGNATURE
DATE

New Jersey Department of Health
CERTIFICATE OF CURRENT COST OR PRICING DATA

This is to certify that to the best of my knowledge and belief, cost or pricing data submitted in writing to the Granting Agency in the New Jersey Department of Health in support of:

(1) _____

is accurate, complete, and current as of _____ (2)
(Date)

Agency _____

Name _____

Title _____

Date of Execution _____ (3)

Signature of Applicant: _____

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- (1) Identify the proposal, quotation, request for price adjustment, or other submission involved, giving appropriate title of the Request for Application.
 - (2) Insert the day, month and year when prices were concluded and price agreement was reached by the Grant Management Officer or the granting agency's representative. The responsibility of the grantee is not limited by the personal knowledge of the grantee's negotiator if the grantee had information reasonably available at the time of agreement showing that the negotiated price is not based on accurate, complete and current data.
 - (3) Insert the day, month and year of signing, which should be as close as practicable to the date when the price negotiations were concluded and the grant price was agreed upon. This certification shall remain in effect, unless the grantee notifies the Department in writing, for a period of sixty (60) days.