HARRIS COUNTY DEPARTMENT OF EDUCATION

Complete before soliciting or advertising for Proposals / Quotes

**INDEPENDENT ESTIMATE DETERMINATION**

Purpose: Federal regulations require documentation of cost analysis or price analysis for every procurement action at or above $150,000. As part of the analysis, the regulations require documentation of an independent estimate reached before receiving bids or proposals (*see* 2 C.F.R. § 200.323) or before receiving quotes or proposals from other governmental entities through an interlocal contract or a purchasing cooperative (*see* 2 C.F.R. § 200.318 (e)). The Independent Estimate Determination is a form used to document HCDE’s estimated range of fair and reasonable costs for the goods and/or services to be acquired and to document the analysis **PRIOR** to seeking bids, proposals, or quotes. The form is kept as part of the procurement file along with the cost or price analysis, which is conducted after receiving proposals but before awarding a contract, to demonstrate that the procurement process was conducted in an open and fair manner and that HCDE received the most advantageous price.

Instructions:

1. Complete one (1) Independent Estimate Determination form **PRIOR** to either (1) advertising and receiving bids or proposals or (2) seeking quotes or proposals from other governmental entities through an interlocal contract or a purchasing cooperative, and complete all sections.

2. Provide a detailed discussion of your independent estimate and attach the required supporting information.

3. Sign in blue ink and date the form.

4. Maintain a copy in the procurement/contract file along with the cost or price analysis (as completed before contract award), subject to retention schedules.

**Prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Division:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject:** Independent Estimate Determination

**PART I**

**SCOPE AND/OR SPECIFICATIONS**

*Please attach documentation reflecting the Scope or Proposal/Work and/or Specifications.*

*The attached Scope of Proposal/Work and/or Specifications contains the following (check all that apply):*

|  |  |
| --- | --- |
| **For Goods/Equipment** | **For Services** |
| ☐ Estimated quantity of items and/or goods required | ☐ List of services/responsibilities to be performed |
| ☐ Detailed description of each item required | ☐ Detailed list of deliverables/tasks required |
| ☐ Specifications and/or drawings for materials required | ☐ Anticipated contract term and start date |
| ☐ Date items and/or goods are required | ☐ Location of project |
| ☐ Delivery address and point of contact | ☐ Specifications, drawings, and/or pictures of job site or projected  results |

**PART II**

**INDEPENDENT ESTIMATE GUIDE**

*Below is a guide for the completion of the Independent Estimate Determination. Please attach the documents requested under “items to include with independent estimate” to this Determination.*

|  |  |  |
| --- | --- | --- |
| **Estimate Type** | **Items to Include with Independent Estimate** | **Where to Find Supporting Information** |
| **Goods/Equipment** | 1. Product needed 2. Estimated quantity 3. Unit price 4. Markups – overheads – profit 5. Desired delivery schedule 6. Warranty | 1. Vendor survey/market survey 2. Current or past contracts for the same or similar product 3. Historical price and costs data |
| **Services**  (other than professional services, as defined by Tex. Educ. Code § 44.031(f) and/or Tex. Gov’t Code Ch. 2254) | 1. Tasks you want done 2. Types of people needed 3. Positions required 4. Estimated hours by position 5. Salary/billing rates applied 6. Prevailing wage rate category applied (if applicable) 7. Profit/applied fee 8. Direct expenses 9. Completion schedule | 1. Current or past contracts for similar services 2. Other departments doing similar work 3. Historical price and cost data |

**PART III**

**INDEPENDENT ESTIMATE**

*Please complete the following form.*

**This Independent Estimate is for:** ☐ Goods/Equipment ☐ Services

**Discussion of independent estimate before receiving bids or proposals including HCDE’s estimated reasonable price range for the goods and/or services (attach additional explanation if necessary): \_\_\_\_\_\_\_\_\_**

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**Goods/Equipment**

**Source Used to Develop Independent Estimate of Goods/Equipment (check all that apply and attach supporting documentation):**

☐ Vendor survey/market survey

☐ Current or past contracts for the same or similar product

☐ Historical price and costs data

☐ Other (please specify source and attach supporting documentation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Services**

**Source Used to Develop Independent Estimate of Services (check all that apply and attach supporting documentation):**

☐ Current or past contracts for similar services

☐ Other departments doing similar work

☐ Historical price and costs data

☐ Other (please specify source and attach supporting documentation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART IV**

**ATTACHMENT CHECKLIST**

*The following required documentation is included as attachments to this Independent Estimate Determination (please check boxes to certify compliance with required documentation):*

**☐ Scope of Proposal/Work and/or Specifications (as required by Part I).**

**☐** **For goods/equipment, documentation reflecting the following (as required by Part II):**

* Product needed
* Estimated quantity
* Markups-overhead-profits
* Unit price
* Desired delivery schedule
* Warranty

**☐ For services, documentation reflecting the following (as required by Part II):**

* Tasks you want done
* Types of people needed
* Positions required
* Estimated hours by position
* Salary/billing rates applied
* Prevailing wage rate category applied
* Profit/applied fee
* Direct expenses
* Completion schedule

**☐ Documentation reflecting the source used to develop the independent estimate (as required by Part III).**

**☐ If applicable, additional supporting documentation (e.g., explanation of the process and/or sources used**

**or explanation of the estimate reached). Please provide a brief explanation of the additional documents:**

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**PART V**

**CERTIFICATIONS**

*I certify that I developed this independent estimate prior to receiving bids or proposals as required by 2 C.F.R. § 200.323.**I further certify that, to the best of my knowledge and belief, the information provided above and attached hereto is true and correct and that the independent estimate reflects a necessary, fair, and reasonable range of costs or prices for the future procurement.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Individual Preparing Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**APPROVED:**

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Level One: Full Name of Program Manager (Grant)

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Signature Date

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\*Level Two: Full Name of Director of Purchasing

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Signature Date

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\*Level Three: Full Name of Assistant Superintendent for Program (grant)

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Signature Date

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\*Level Four: Full Name of Assistant Superintendent for Business

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Signature Date

\* Items above $50,000