State of West Virginia  
Governor’s Committee for the Purchase of 
Commodities & Services from the Handicapped

COMMODITY OR SERVICE PRICING FORM

The Community Rehabilitation Program (CRP) proposes providing the following goods or services at the prices listed below. The West Virginia Association of Rehabilitation Facilities, Inc. (WVARF) respectfully requests that the Governor’s Committee review and affirm the numbers listed below as the “Fair Market Price” of each good and service. Each price is explained below, to include comparable pricing where available. This price quoted below is intended to serve as the price of the good or service for the entire duration of the contract.

1) Item or Service offered:___________________________________________________________

2) Current price (if applicable):____________________________________________________

3) Provide the new price, or proposed price for the item or service if the item or service is new. Prices for goods must be listed on a per item basis. Prices for services must be presented as the entire cost for the provision of the proposed service using either an hourly or per square foot “unit price.”

$_____.____ PER _____ Item _____ Hour _____ Square Foot _____ Other (Check Applicable Unit)

If “Other” Please explain:_________________________________________________________

4) Provide price quotes for similar goods or services from other providers of these goods or services.

Price: ___________________________ Vendor: ___________________________
Price: ___________________________ Vendor: ___________________________
Price: ___________________________ Vendor: ___________________________

5) If your program’s proposed price is significantly higher (more than 10%) than the price quotes immediately above, please explain the difference in the space provided:

CRP Director: ___________________________________________ Date: _____________

WVARF Director: ___________________________________________ Date: _____________

Gov. Comm. Approval: ___________________________________________ Date: _____________

Purchasing Director: ___________________________________________ Date: _____________