



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

**SERVICES COST SUBMISSION FORM<sup>1</sup>**

The Community Rehabilitation Program (CRP) and the West Virginia Association of Rehabilitation Facilities, Inc. (WVARF) respectfully submit this cost form for consideration in conjunction with the above request for either a Fair Market Price Determination or Fair Market Price Modification.

1) Name of CRP To Provide Service: \_\_\_\_\_

2) Service Offered: \_\_\_\_\_

**Support Offered for Cost Information**

**3) Current Wages**

Employee Class	Hourly Wage	Total Hours Per Year	Change From Prior (if applicable)
A.) Disabled Worker	_____	_____	_____
B.) Immediate Supervisor	_____	_____	_____
C.) _____	_____	_____	_____
D.) _____	_____	_____	_____

Combined Employment Statistics:	Total Combined Employees Per Class	Total Hours Worked Per Year for Class	Total Cost Per Year
A.) Disabled Individuals	_____	_____	_____
B.) Immediate Supervisors	_____	_____	_____
C.) _____	_____	_____	_____

<sup>1</sup> This form is promulgated by the Governor's Committee pursuant to the West Virginia Code of State Rules § 186-1-5.1. f., which states that the "CNA shall submit all costing information to the committee and comments from the spending unit using the appropriate form(s) for approval."



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D.) \_\_\_\_\_

**4) Administrative Staff:** Please list any staff that perform administrative functions for the CRP in the furtherance of providing the service listed above.

Title	Number Employed At This Title Attributable to Service Identified Above	Annual Salary	Percent of Salary Attributable to Service Identified Above	Total Administrative Cost
A.) _____	_____	_____	_____	_____
B.) _____	_____	_____	_____	_____
C.) _____	_____	_____	_____	_____
D.) _____	_____	_____	_____	_____

Total Administrative Cost Per Year \_\_\_\_\_

**5) Supplies and Materials**

A.) **Supplies Provided by Spending Unit** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B.) Supplies Purchased by the CRP:**

Supply Type	Supply Cost Per Unit	Units Used Per Year	Total Cost
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Total Supplies Cost Per Year \_\_\_\_\_



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**6) Overhead and Profit:** Please provide the cost of any overhead and profit that the CRP will earn as a result of providing the services identified above. Please list a total dollar amount and the percentage of total revenue (for this service).

Overhead and Profit (Dollars) \_\_\_\_\_

Overhead and Profit (% of Total Revenue from Service Listed Above) \_\_\_\_\_

**7) CNA Fee:** Please list the dollar value of the 4.1% fee paid to the CNA attributable to the services listed above. Fee: \$ \_\_\_\_\_

**8) CRP Cost:** Include all cost information the CRP provided to the CNA along with projections for the next three years pursuant to W. Va. CSR § 186-1-5.1.c and 5.1. f.2.

**A.) CNA Cost Verification:** Has the CNA Verified the cost information submitted by the CRP as required by W. Va. CSR § 186-1-5.1. c.?  
 Please check the appropriate box.  Yes,  No. If no, please explain.

**B.) CNA Agreement:** Does the CNA agree that the CRP's cost information is accurately listed and reasonable?  
 Please check the appropriate box.  Yes,  No. If no, please explain.

**9) Spending Unit Notice and Comment:** Include all Comments Received from the Spending Unit or Units that will be affected by this Fair Market Price Determination.

**A.) Required Notice:** Has the CNA notified the impacted spending units of the fair market price determination and provided each with 10 days to comment as required by W. Va. CSR § 186-1-5.1. e.?

Please check the appropriate box.  Yes,  No.

Please describe the methods by which notice was provided to the affected spending units and the dates upon which the notice occurred.

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

**B.) Response to Comments:** What is the CNA's response to any comments received?

\_\_\_\_\_



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**Fair Market Approval Requests:** By signing this form, both the CRP and CNA certify that the information submitted herein is true and accurate, and request that the Fair Market Price proposed in Item 4 be approved.

**CRP Name:** \_\_\_\_\_

**CNA Name:** \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Fair Market Price Approvals:** Upon the signed approval of all entities listed below, and concurrence by the Purchasing Division, the Fair Market Price proposed in Item 4 will be the fair market price established for the service until such time as a new Fair Market Price is established.

**Governor's Committee**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_