**COST FORM**

**Small Purchase**

**Community Engagement Curriculum Design & Implementation**  
**Community Development Block Grant – Disaster Recovery**

**Foundation for Puerto Rico**

**2024-SP-69**

|  |  |
| --- | --- |
| **Name of Supplier:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service/ Line Item** | **Estimated Timeline Start/End Dates** | **Cost**  **per deliverable**  **(B)** | **Total Cost**  **per Service**  **(A x B)** |
| Complete existing materials review and summary with recommendations for improving topic-centered videos | / | $ | $ |
| Design of Community Engagement Curriculum | / | $ | $ |
| Specifications for additional thematic videos | / | $ | $ |
| Production of supporting materials | / | $ | $ |
| Curriculum implementation timeline | / | $ | $ |
| Lead curriculum implementation sessions | / | $ | $ |
| Ongoing assessments and adjustments of curriculum based on audiences’ feedback | / | $ | $ |
| Final report & feedback | / | $ | $ |
| Other Fees: | N/A | $ | $ |
| Tax | N/A | 11.5 % | $ |
| **Total Quote** |  |  | **$** |
| **Notes on Cost Form:**   1. *Only input information in the designated gray boxes; Do not leave blank boxes, write “0” or N/A.* 2. *Include any additional costs associated with the services in “Other Fees” and identify them.* 3. *The contract is expected to function as a not-to-exceed contract from which services will be invoiced based on actual hours worked.* 4. *The units presented in this cost form are an estimate and FPR reserves the right to distribute the units between services – line items – and tasks depending on WCRP Program needs.* 5. *Payment terms: This procurement process is funded by a CDBG-DR grant allocated by the U.S. Department of Housing and Urban Development (HUD), via the Puerto Rico Department of Housing (PRDOH). Payment of invoices for the goods and/or services rendered will be based on the disbursement of funds to Foundation for Puerto Rico (FPR) from PRDOH.* | | | |

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| Supplier’s Authorized Representative Signature |  | Date |
|  |  |  |
| Supplier’s Authorized Representative Printed Name |  |  |