	INDIANA STATE USE PROGRAM PRO	DUCT COST ANALYSIS FORM	
	FOR PROGRAM STAFF USE:		
1	Date Submitted:		
2	Date of State Use Committee Meeting:		
3	Work Center:		
4	Work Center Contact:	Phone:	
	PRODUCT INFORMATION:		
5	Item Name: Widget 1		
5	Item Description:		
7	Item Number: 32		
3	Unit of Measure: 1		
)	Minumum Order: 5		
	Delivery Time:		
	Estimate of Annual Sales: \$52,000.00		
	Number of People with Disabilities Employed on this Produce		
	Percent of Direct Labor Wages Paid to People with Disabiliti	ies: 82.00%	
	New or Existing Item: New		
5	Material Supplier(s):		
	CONTRACT INFORMATION:		
	Is item on contract: Yes		
	Contract Vendor:		
	Contract Expiration Date:		
	Agency Contract Holder:		
20	Contract Manager:		
	PRODUCT COST BREAKDOWN:		
1	<u>Material Cost</u>		0
2	Labor	Direct	0
		Indirect	0
		TOTAL LABOR	0
3	Burden: Overhead & Administration Costs:		
		Personnel Costs	0
		Personnel Support Cost	0
		Occupancy Costs	0
		TOTAL	
		Equipment Amortization	
		Freight Allowance	0
		Other	0
		TOTAL BURDENS	1
4	TOTAL COSTS		1
	STATE USE PROGRAM SERVICE FEE		0.0
	MINIMUM CONTINGENCY CONSIDERED*		5.0
ь	*Those revenue dollars in excess of expenses that the CRP needs in order to conside	r production of the product.	L
6			
	TOTAL COSTS + PROGRAM SERVICE FEE + CONTINGENCY		1.7
7	TOTAL COSTS + PROGRAM SERVICE FEE + CONTINGENCY PROPOSED PRICE per unit		1.7

Please attach explanatory comments and supporting materials