



STATE OF OREGON  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
Oregon Forward Program  
Price Determination Form

Public Agency: \_\_\_\_\_

Oregon Forward Contractor: \_\_\_\_\_

Product or Service: \_\_\_\_\_

Contract number (amendment #, if applicable) & Street Name: \_\_\_\_\_

**Proposed Prices** (list all proposed prices and include the contract with the Statement of Services or Specifications, Price Determination proposal cover letter, costing workbooks, and overhead calculation if more than 20%, to justify proposed prices with request):

Product/Service	Proposed Price	Units (per hour, month, each, etc.)
Exceptional Services		
Emergency Services		

**Oregon Forward Contractor and Public Agency agree the proposed price and supporting documentation meets the requirements of OAR 125-055-0030.**

\_\_\_\_\_, date: \_\_\_\_\_

*Authorized Public Agency Signature*

\_\_\_\_\_, phone # \_\_\_\_\_

*Email Address*

\_\_\_\_\_, date: \_\_\_\_\_

*Authorized Oregon Forward Contractor Signature*

\_\_\_\_\_, phone # \_\_\_\_\_

*Email Address*

**DAS has reviewed and approved the documentation supporting the price(s) offered by the Oregon Forward Contractor and Public Agency in accordance with OAR 125-055-0030.**

\_\_\_\_\_, date: \_\_\_\_\_

*Oregon Forward Program Signature*