

**CITY OF NEW ORLEANS
INDEPENDENT COST ESTIMATE**

REQUESTING AGENCY:	AUTHORIZED AGENCY REPRESENTATIVE & TITLE:	DATE ICE PREPARED:	ICE GRAND TOTAL:
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ESTIMATE PREPARED BY:	PREPARER'S PHONE NUMBER:	PREPARER EMAIL:
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PROJECT NAME:	PROJECT ID:	REASON FOR ICE:
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PROCUREMENT METHOD:	SMALL PURCHASE	SEALED BIDDING	RFP	RFQ	SOLE SOURCE	INTER-AGENCY
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ESTIMATE WORK TYPE:	PUBLIC WORKS	MATERIALS + SUPPLIES	SERVICE CONTRACTS	A/E SERVICES	INTER-AGENCY MOU (PLEASE LIST AGENCY) :
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ESTIMATE TYPE(S):	RS MEANS	PUBLISHED PRICING / QUOTES	OTHER (PLEASE EXPLAIN)
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ARE COSTS WITHIN COST THRESHOLDS FOR PROCUREMENT METHOD AND WORK TYPE?	YES	NO
IS THIS COST ESTIMATE FOR EMERGENCY SERVICES OR A/E SERVICES?	YES	NO
IS THIS FOR A MODIFICATION OF AN EXISTING CONTRACT?	YES	NO

LIST OF ATTACHMENTS:	# OF PAGES:
	<small>(NOT INCLUDING THIS PAGE)</small>

DESCRIPTION OF ITEM(S) OR SERVICE(S) REQUIRED:	Estimated # of Working Days Needed:

THIS DOCUMENT IS FOR CITY OF NEW ORLEANS INTERNAL USE ONLY AND RESULTS OF ESTIMATE ARE NOT TO BE MADE PUBLIC PRIOR TO FINALIZATION, PURCHASE, OR EXECUTION OF CONTRACT

ICE PREPARER'S SIGNATURE _____	DATE _____
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PROJECT MANAGER'S SIGNATURE _____	DATE _____
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By checking the box below, Grant Manager confirms ICE has been reviewed and appropriate backup has been provided.

GRANT MANAGER CONFIRMATION:

_____	_____
GRANT MANAGER NAME	GM REVIEW DATE

Disclaimer: Grant Manager provides a professional opinion for potential FEMA eligibility based upon the documents provided. All final eligibility determinations are made by FEMA.

PDU CAPITAL BUDGET DIRECTOR/ FISCAL MANAGER SIGNATURE _____	DATE _____
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