1. SOLICITATION/CONTRACT/MODIFICATION NUMBER

CONTRACT PRICING PROPOSAL COVER SHEET (Cost or Pricing Data Required)

OMB No.: **9000-0013** Expires: 09/30/98

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 20405.

		•	•		-	-		-				
2a. NAME OF OFFEROR					3a. NAME OF OFFEROR'S POINT OF CONTACT 3c. TELEPHO						. TELEPHONE	
2b. FIRST LINE ADDRESS					3b. TITLE OF OFFEROR'S POINT OF CONTACT					CODE	NUMBER	
2c. STREET ADDRESS					4 TVDE OF CONTRACT ACTION (Chack)							
<u> </u>					4. TYPE OF CONTRACT ACTION (Check) a. NEW CONTRACT d. LETTER CONTRACT							
2d. CITY 2e. S			2f. ZIP CODE		b. CHANGE				e. UNPRICED ORDER			
							f. OTHER (Specify)					
5. TYPE OF CONTRACT (Check)					c. PRICE REVISION/ REDETERMINATION							
☐ FFP ☐ CPFF ☐ CPAF						6 P	ROPOS	SED CC)ST (4	+B-C)		
FPI OTHER (Specify)					6. PROPOSED COST (A+B=C) B. PROFIT/FEE C. TOTAL						TOTAL	
			7 PFRI	FOR	RMANCE							
<u> </u>			7.1.210					O a				
a. b.							⊣ ≅ ⊢	b.				
8. List and reference the identific	nation guaratity and t	atal price pror	acced for each contract	line i	tom Alina itam	a coat brook	down aun			io roquiro		
otherwise specified by the Co									is recap i	is require	a uniess	
a. LINE ITEM NO. b. IDENTIFICATION								TAL PRICE e. PROP. REF. PAGE				
a. E.I.L. ITEMITO.	D. 10 L14	111 10/111011			0. 0071	*****	u. 10	1712111		0.11(01.1(21.1)		
		a	PROVIDE THE F		OWING (If	availahle)					
NAME OF CONTRACT ADMINI	STRATION OFFICE		TROVIDE THE F		AME OF AUDIT		/					
STREET ADDRESS				ST	REET ADDRES	SS						
CITY		STATE	ZIP CODE	CI	TY				S	TATE	ZIP CODE	
	AREA CODE	NUMBER					AREA	CODE	N	IUMBER	. 1	
TELEPHONE				TE	LEPHONE							
10. WILL YOU REQUIRE THE	USE OF ANY GOVE	RNMENT PR	OPERTY IN THE	11	a. DO YOU REC				11b. TY	PE OF FI	INANCING (Check or	ne)
PERFORMANCE OF THIS WORK? (If "yes" identify)					CONTRACT FINANCING TO PER- FORM THIS PROPOSED CON-							
					TRACT? (If Yes." complete Item 11B) TADVANCE TROC						PROGRESS PAYMENTS	i
YES NO			lF					TEED LOANS				
12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE					. IS THIS PRO	POSAL CO			OUR ES	STABLISH	HED ESTIMATING A	ND
SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes," identify item(s), customer(s) and contract number(s) on reverse of form.)										ND FAR	PART 31, COST	
YES NO					PRINCIPLES? (If "no," explain on reverse of form) YES NO							
14. COST A	3) D			379 as a	amende	d and	FAR P	ART 30)				
a. WILL THIS CONTRACT ACT				b.	HAVE YOU S	UBMITTED	A CASB	DISCLOS	URE ST	ATEMEN	NT (CASB DS-1 or 2)	?
"No," explain in proposal)					(If "Yes," spe		osal the of	fice to wh	ich subn	nitted and	d if determined to	
YES NO					YES	NO						
c. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NONCOMPLIANCE					IS ANY ASPE	CT OF TH	S PROPC	SAL INC	ONSISTI	ENT WIT	H YOUR DISCLOSE	D
WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)					PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)							
YES NO					YES NO							
This proposal is submitted in re	esponse to the solic	itation, contra	ct, modification, etc., i	in Iter	m 1 and reflects	s our estim	ates and/c	or actual o	costs as	of this d	ate and conforms wi	th the
instructions in FAR 15.804-6(b)(right to examine, at any time be	1), and Table 15-2. fore award, those re-	By submitting cords, which	this proposal, the offe	ror, if	selected for neg	gotiation, gr edures and	ants the co	ontracting and othe	officer a	and autho	orized representative(s) the
whether such items are in writted the basis for pricing, that will per	en form, in the form of	of computer d	ata, or any other form,	or wh	nether such sup	porting info	rmation is	specifica	lly refere	enced or i	ncluded in the propo	sal as
15. NAME OF OFFEROR (Type			TITLE OF OFFEROR (7	Гуре)			16. NAMI	OF FIR	M			
(197-	•		(-	J/								
17. SIGNATURE							l .		18.	DATE O	F SUBMISSION	