CC	NTRACT PRIC	1. 5	1. SOLICITATION /CONTRACT/MODIFICATION NUMBER														
2a.	NAME OF OFFE	За.	3a. NAME OF OFFEROR'S POINT OF CONTACT							3c. TELEPHONE							
2b. FIRST LINE ADDRESS					3b. TITLE OF OFFEROR'S POINT OF CONTACT AREA CODE NUMBER								BER				
2c. STREET ADDRESS					4. TYPE OF CONTRACT ACTION (<u>Check)</u>												
					a. NEW	RACT	c. LETTE				ER CONTR	R CONTRACT					
2d. CITY 2e. STATE			2f. ZIP CODE		b. CHAN	NGE ORDER				d. OTHER (Specify)							
5. TYPE OF CONTRACT (Check)										D COST (A+B=C)							
FFP CPFF CPIF FPI OTHER (Specify)			A. (COST		B. PROFIT/FEE					C. TOTAL						
7. PERFORMANCE																	
P L	a.								P E	a.							
A C									R 	6							
E b.										b.							
8. List the C	st and reference the ic Company. <i>(Continue c</i>	dentification, quantity and on plain paper, if necessa	or each d S)	contract line it	em. A li	ne item co	ost breakdov	vn suppor	rting tl	his recap i	s required unle	ess othe	erwise specified by				
a. LINE ITEM NO. b. IDE			b. IDENTIFICA	ENTIFICATION			c. QU	d. TOTAL PRICE			e. PROP. REF. PAGE						
NAM	ME OF CONTRAC	ROVID	OVIDE THE FOLLOWING (If available) NAME OF AUDIT OFFICE														
STREET ADDRESS								STREET ADDRESS									
CITY			STAT	STATE ZIP COD			CITY					STAT	E	ZIP CODE			
TELEPHONE						TELEPHONE											
	WILL YOU REQU YES	IRE THE USE OF A NO	NY GOVERNMEN	T PRC	PERTY IN	THE F	PERFOR	MANCE (OF THIS	S WC	DRK? (If	"yes", identi	ify)				
		SAL CONSISTENT V NCIPLES? (If "no", e		BLISHI	ED ESTIMA	TING	AND AC	COUNTI	NG PRA	CTI	CES AN	D PROCED	URES	S AND FAR			
	YES	NO															
a. V		2. COST ACCOUNT RACT ACTION BE S		RD (CASB)		. (Public Law 91-379 as amended and FAR PART 30) IAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT? (If "yes",											
REC	GULATIONS? (If ' YES			spec	pecify in proposal the office to which submitted) YES NO												
				lf "ye	/es", has it been determined adequate? YES NO												
C. HAVE YOU BEEN NOTIFED THAT YOU ARE OR MAY BE IN NONCOMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR											F THIS PROPOSAL INCONSISTENT WITH YOUR IES OR APPLICABLE COST ACCOUNTING						
	COUNTING STAN YES			YES													
and auth prac	conforms with the norized representa ctices and other da	e instructions in FAR ative(s) the right to ex ata, regardless of typ	d Tabl befor of whet	modification, etc., in Item 1 and reflects our estimates and/or actual costs as of this date le 15-2. By submitting this proposal, the offeror grants the Company and Government and e award, those records, which include books, documents, accounting procedures and ther such items are in written form, in the form of computer data, or any other form, or							Bovernment and cedures and her form, or						
the	proposed price.						osal as the basis for pricing, that will permit an adequate evaluation o										
13.	NAME OF AUTHO	ROR ((<i>1 ype)</i>	14.	14. TITLE OF AUTHORIZED REPRESENTATIVE OF OFFE					KOK							
15.	SIGNATURE			16. [DATE O	F SUBMIS	SION										