

PROPOSAL COVER SHEET
(Cost or Pricing Data Not Required)

1. SOLICITATION/CONTRACT/MODIFICATION NUMBER

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. TELEPHONE	
2b. FIRST LINE ADDRESS			3b. TITLE OF OFFEROR'S POINT OF CONTACT		AREA CODE	NUMBER
2c. STREET ADDRESS			4. TYPE OF CONTRACT ACTION (Check)			
2d. CITY	2e. STATE	2f. ZIP CODE				
5. TYPE OF CONTRACT (Check) <input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF <input type="checkbox"/> FPI <input type="checkbox"/> OTHER (Specify)			A. NEW CONTRACT		D. LETTER CONTRACT	
			B. CHANGE ORDER		E. UNPRICED ORDER	
			C. PRICE REVISION/REDETERMINATION		F. OTHER (Specify)	

6. PERFORMANCE

PLACE(S)	a.		PERIOD(S)	a.	
	b.			b.	
	c.			c.	

7. List and reference the identification, quantity and total price proposed for each contract line item. (Continue on reverse, if necessary. Use same headings)

a. LINE ITEM NO.	b. IDENTIFICATION	c. QUANTITY	d. TOTAL PRICE	e. PROP. REF. PAGE

8. PROVIDE THE FOLLOWING (If available)

NAME OF CONTRACT ADMINISTRATION OFFICE				NAME OF AUDIT OFFICE			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
TELEPHONE	AREA CODE	NUMBER		TELEPHONE	AREA CODE	NUMBER	

This proposal is submitted in response to the solicitation, contract, modification, etc. in Item 1. By submitting this proposal, the offeror, if selected for discussions, grants the contracting officer or an authorized representative the right to examine, at any time before award, any of those books, records, documents, or other records directly pertinent to the information requested or submitted. See instructions at Table 15-3.

9a. NAME OF OFFEROR (Typed)			10. NAME OF FIRM		
9b. TITLE OF OFFEROR (Typed)					
11. SIGNATURE				12. DATE OF SUBMISSION	