

**(SAMPLE ONLY, THIS SPECIFIC FORM IS NOT REQUIRED.  
HOWEVER, PLEASE INCLUDE SIMILAR INFORMATION IN YOUR COMPANY PROPOSAL COVER SHEET)**

<b>PROPOSAL COVER SHEET</b> <i>(Cost or Pricing Data Not Required)</i>			1. SOLICITATION/CONTRACT/MODIFICATION NUMBER  NNA08223261R-ACD			
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			3d. EMAIL			
2d. CITY	2e. STATE	2f. ZIP CODE	<b>4. TYPE OF CONTRACT ACTION (Check)</b>			
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 OPTION	
			C. PRICE REVISION/REDETERMINATION		F. OTHER (Specify)	
<b>6. PERFORMANCE</b>						
P L A C E (S)	a.	Moffett Field, CA 94035-1000			P E R I O D (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	
<b>8. PROVIDE THE FOLLOWING (If available)</b>						
NAME OF CONTRACT ADMINISTRATION OFFICE NASA Ames Research Center			NAME OF AUDIT OFFICE			
STREET ADDRESS Building 241 Room 223, M/S 241-1			STREET ADDRESS			
CITY Moffett Field	STATE CA	ZIP CODE 94035-1000	CITY	STATE	ZIP CODE	
TELEPHONE  AREA CODE 650	NUMBER 604-4699		TELEPHONE  AREA CODE	NUMBER		
EMAIL Starr.L.Strong@nasa.gov						
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 15-2 at FAR 15.408.						
9a. NAME OF OFFEROR (Typed)			10. NAME OF FIRM			
9b. TITLE OF OFFEROR (Typed)						
9c. EMAIL						
11. SIGNATURE				12. DATE OF SUBMISSION		