

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

PROPOSAL COVER SHEET <i>(Cost or Pricing Data Not Required)</i>				1. SOLICITATION/CONTRACT/MODIFICATION NUMBER				
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		4. TYPE OF CONTRACT ACTION (Check)			
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)		
6. PERFORMANCE								
P L A C E (S)	a.						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		
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		
EMAIL				EMAIL				
9. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "yes" identify) <input type="checkbox"/> NO <input type="checkbox"/> YES								
10. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)								
a. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? <i>(If "No," explain in proposal.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				b. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)? <i>(If "Yes," specify in proposal the office to which submitted and if determined to be adequate.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
c. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NONCOMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? <i>(If "Yes," explain in proposal.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				d. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? <i>(If "Yes," explain in proposal.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
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.								
11a. NAME OF OFFEROR (Typed)				12. NAME OF FIRM				
11b. TITLE OF OFFEROR (Typed)								
11c. EMAIL								
13. SIGNATURE						14. DATE OF SUBMISSION		