

SOLICITATION NUMBER: NNK13455097Q

ATTACHMENT COVER PAGE

SEC.	ATTACH. NUMBER	TITLE	DATE	PAGES
<input type="checkbox"/>	01	STATEMENT OF WORK	12/26/2012	03
<input type="checkbox"/>	02	PERFORMANCE SPECIFICATIONS	12/26/2012	01
<input type="checkbox"/>	03	PIV CARD ISSUANCE PROCEDURES	12/26/2012	03
<input checked="" type="checkbox"/>	04	CAPABILITY FORM	12/26/2012	02
<input type="checkbox"/>	05	SAFETY AND HEALTH PLAN	TBD	TBD

CAPABILITY FORM NASA ACQUISITION OF NITROGEN		1. DATE	2. CONTRACT LINE ITEM NUMBER 001	3. PAGE 1 OF
4. CONTRACTOR/OFFEROR NAME		5. SOLICITATION NUMBER		6. CONTRACT NUMBER
7. CONTRACTOR/OFFEROR ADDRESS		8. CONTRACTOR/OFFEROR PRIMARY CONTACT (Name, Email, Phone, Fax)*		
		9. CONTRACTOR/OFFEROR ALTERNATE CONTACT (Name, Email, Phone, Fax)		
10. PRIMARY PRODUCTION FACILITY (FIGURES IN TONS)		11. ALTERNATE PRODUCTION FACILITY (FIGURES IN TONS)		
A. ADDRESS		A. ADDRESS		
B. PROPELLANT	C. MAXIMUM FIXED STORAGE	B. PROPELLANT	C. MAXIMUM FIXED STORAGE	
D. MAXIMUM DAILY PRODUCTION	E. MAXIMUM MONTHLY PRODUCTION	D. MAXIMUM DAILY PRODUCTION	E. MAXIMUM MONTHLY PRODUCTION	
F. PRODUCTION FACILITY CONTACT		F. PRODUCTION FACILITY CONTACT		
12. DISTRIBUTION INFORMATION				
A. NUMBER OF TRUCKS	B. AVERAGE TRUCK STORAGE (TONS)		C. AVERAGE NUMBER OF DRIVERS	

Note 1: The contractor will furnish one point of contact, and an alternate if the contractor so desires, to receive placement of delivery orders by the Government (refer to Block 8).

Note 2: The contractor shall identify the primary production facility (i.e., manufacturing plant) that will produce and deliver liquid nitrogen to meet contract line item number requirements. This production facility will be the shipping point used to determine any charges accrued due to the Government's inability to accept deliveries. The contractor may also identify any alternate facilities that could be used in performance of this contract. In addition, the production facility point of contact(s) will also be used to place request for shipments against Government authorized delivery orders (refer to Block 10).

CAPABILITY FORM NASA ACQUISITION OF NITROGEN		1. DATE	2. CONTRACT LINE ITEM NUMBER 002	3. PAGE 1 OF
4. CONTRACTOR/OFFEROR NAME		5. SOLICITATION NUMBER		6. CONTRACT NUMBER
7. CONTRACTOR/OFFEROR ADDRESS		8. CONTRACTOR/OFFEROR PRIMARY CONTACT (Name, Email, Phone, Fax)*		
		9. CONTRACTOR/OFFEROR ALTERNATE CONTACT (Name, Email, Phone, Fax)		
10. PRIMARY CRYOGENIC DEWAR FILL FACILITY (FIGURES IN LITERS)		11. ALTERNATE CRYO DEWAR FILL FACILITY (FIGURES IN LITERS)		
A. ADDRESS		A. ADDRESS		
B. CONTRACTOR OWNS ALL DEWAR? (YES/NO)	C. MAXIMUM FIXED LN2 STORAGE	B. CONTRACTOR OWNS ALL DEWAR? (YES/NO)	C. MAXIMUM FIXED LN2 STORAGE	
D. MAX. DAILY DELIVERY CAPABILITY	E. ON-SITE LABORATORY ANALYSIS? (YES/NO)	D. MAX. DAILY DELIVERY CAPABILITY	E. ON-SITE LABORATORY ANALYSIS? (YES/NO)	
F. SOURCE FACILITY CONTACT		F. ALTERNATE SOURCE FACILITY CONTACT		
12. DISTRIBUTION INFORMATION				
A. NUMBER OF DEWARs	B. AVAILABLE DEWAR SIZES (LITERS)		C. NUMBER OF DELIVERY TRUCKS	

Note 1: The contractor will furnish one point of contact, and an alternate if the contractor so desires, to receive placement of delivery orders by the Government (refer to Block 8).

Note 2: The contractor shall identify the primary facility that will fill and deliver liquid nitrogen dewars to meet contract line item number requirements. This facility will be the shipping point used to determine any charges accrued due to the Government's inability to accept deliveries. The contractor may also identify any alternate facilities that could be used in performance of this contract. In addition, the facility point of contact(s) will also be used to place request for shipments against Government authorized delivery orders (refer to Block 10).