

<b>PROPOSAL COVER SHEET</b>			1. SOLICITATION/CONTRACT/MODIFICATION NUMBER		
Offeror's Commercial and Government Entity (CAGE) Code:			NNA13464313R		
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.				P E R I O D (S)
	b.				
	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			NAME OF AUDIT OFFICE		
STREET ADDRESS			STREET ADDRESS		
CITY		STATE	ZIP CODE	CITY	
STATE		ZIP CODE	CITY		STATE
TELEPHONE	AREA CODE	NUMBER		TELEPHONE	AREA CODE
TELEPHONE	AREA CODE	NUMBER		TELEPHONE	AREA CODE
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					
<b>10. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)</b>					
a. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (If "No," explain in proposal.)			b. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)? (If "Yes," specify in proposal the office to which submitted and if determined to be adequate.)		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<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? (If "Yes," explain in proposal.)			d. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal.)		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<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	