PROPOSAL COVER SHEET
(Cost or Pricing Data Not Required)

1. SOLICITATION/CONTRACT/MODIFICATION NUMBER	OMB NO.: **9000-0013** Expires: 09/30/98

2a. NAME OF OFFEROR

2b. FIRST LINE ADDRESS

2c. STREET ADDRESS

2d. CITY | 2e. STATE | 2f. ZIP CODE

3a. NAME OF OFFEROR'S POINT OF CONTACT

3c. TELEPHONE

3b. TITLE OF OFFEROR'S POINT OF CONTACT | AREA CODE | NUMBER

4. TYPE OF CONTRACT ACTION *(Check)*

A. NEW CONTRACT	D. LETTER CONTRACT
B. CHANGE ORDER	E. UNPRICED ORDER
C. PRICE REVISION/ REDETERMINATION	F. OTHER *(Specify)*

5. TYPE OF CONTRACT *(Check)*

☐ FFP ☐ CPFF ☐ CPIF ☐ CPAF
☐ FPI ☐ 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)*

9b. TITLE OF OFFEROR *(Typed)*

10. NAME OF FIRM

11. SIGNATURE | 12. DATE OF SUBMISSION

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STANDARD FORM 1448 (10-95)
Prescribed by GSA - FAR (48 CFR) 53.215-2(a)