

RFP NO.
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<b>STATEMENT OF FINANCIAL CAPABILITY</b>
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◀(Insert the Name and Complete Mailing Address of Offeror)

<p><b>A. DATE LAST BALANCE WAS PREPARED</b> ▶</p> <hr/> <p style="text-align: center;">PERIOD COVERED (<i>Month, Day, Year</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> </table> <hr/> <p>FILED WITH</p> <hr/> <p><b>C. DATE FISCAL YEAR ENDS</b> (<i>Month, Day, Year</i>) &lt;</p>	From	To	<p><b>B. FINANCIAL CONDITION</b> <span style="float: right;"><i>(as of Date)</i> 19</span></p> <table style="width: 100%;"> <tr> <td>(1) Cash . . . . .</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>(2) Current Assets . . . . .</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>(3) Current Liabilities . . . . .</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>(4) Net Worth . . . . .</td> <td style="text-align: right;">\$</td> </tr> </table>	(1) Cash . . . . .	\$	(2) Current Assets . . . . .	\$	(3) Current Liabilities . . . . .	\$	(4) Net Worth . . . . .	\$
From	To										
(1) Cash . . . . .	\$										
(2) Current Assets . . . . .	\$										
(3) Current Liabilities . . . . .	\$										
(4) Net Worth . . . . .	\$										
<p><b>D. FINANCIAL ARRANGEMENTS TO FACILITATE PERFORMANCE DURING INITIAL PHASE OF CONTRACT ( X <i>appropriate box(es)</i>)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">                 (1) Own Resources  <input type="checkbox"/> Yes <input type="checkbox"/> No             </td> <td style="width: 20%;">                 (2) Bank Credit  <input type="checkbox"/> Yes <input type="checkbox"/> No             </td> <td style="width: 20%;">                 If YES, complete ▶             </td> <td style="width: 40%;">                 a. Name of Bank (1):             </td> <td style="width: 10%;">                 b. Amount                  \$             </td> </tr> <tr> <td colspan="3">                 (3) Other (<i>If YES, Specify</i>)  <input type="checkbox"/> Yes <input type="checkbox"/> No             </td> <td colspan="2"></td> </tr> </table>		(1) Own Resources <input type="checkbox"/> Yes <input type="checkbox"/> No	(2) Bank Credit <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, complete ▶	a. Name of Bank (1):	b. Amount \$	(3) Other ( <i>If YES, Specify</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No				
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(3) Other ( <i>If YES, Specify</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No											
<p><b>E. IF ADVANCE PAYMENT IS INDICATED UNDER D(3) ABOVE, COMPLETE THE FOLLOWING:</b></p>											
<p>(1) Estimated Amount of Advance Payment \$ _____ for _____ months.</p>	<p>(2) The following advances from the Government are presently being received: (Complete columns a thru e below)</p>										
<p>AGENCY'S NAME AND ADDRESS</p>	<p>PERIOD OF CONTRACT</p>	<p>CONTRACT NO.</p>	<p>AMOUNT OF ADVANCE</p>	<p>BANK AGREEMENT WITH</p>							
(a)	(g)	(c)	(d)	(e)							

F. THE FOLLOWING IS A LIST OF CURRENT CONTRACTS WITH THIS OR ANY OTHER GOVERNMENT AGENCIES.  
 (If additional space is needed, attach additional sheet(s))

AGENCY'S NAME, ADDRESS, AND TELEPHONE NO.	CONTRACT NO.	AMOUNT OF CONTRACT	PERIOD OF CONTRACT
(1)	(2)	(3)	(4)

G. IF OVERHEAD/INDIRECT COSTS ARE INCLUDED IN YOUR COST PROPOSAL, THE FOLLOWING DATA WILL BE FURNISHED.

(1) Name and Address(es) of Cognizant Government Audit Agency	(2) Name and Address of Government Auditor
	Telephone No.      Area Code ▶ (      )

(3) Date Last Rate was Computed and Negotiated \_\_\_\_\_ (Month, Day, Year)

(4) If no government audit agency computed and authorized the rate claimed, complete a, b, and c below.

(a) How it is computed?	(b) Who?	(c) Date (Mo., Day, Yr.)
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ATTACH COMPUTATION DATA USED.

COMMENTS

CERTIFICATION: *I CERTIFY that to the best of my knowledge and belief the information contained herein is TRUE and CORRECT.*

SIGNATURE	TYPED NAME AND TITLE	DATE (Mo., Day, Yr.)
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