PROPOSAL COVER SHEET 1. SOLICITATION/CONTRACT/MODIFICATION NO. OMB NO.: 9000-0013 09/30/98 Expires: (Cost or Pricing Data Not Required) Public reporting burden for the collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 20405 2a. NAME OF OFFEROR 3a. NAME OF OFFEROR'S POINT OF CONTACT 3c. TELEPHONE NO. 2b. FIRST LINE ADDRESS 3b.TITLE OF OFFEROR'S POINT OF CONTACT AREA CODE NUMBER 2c. STREET ADDRESS 2d. CITY 2e. STATE 2f. ZIP CODE 4. TYPE OF CONTRACT ACTION (Check) 5. TYPE OF CONTRACT (Check) A. NEW CONTRACT D. LETTER CONTRACT FFP CPFF CPIF CPAF **B. CHANGE ORDER** E. UNPRICED ORDER OTHER (Specify) C. PRICE REVISION/ F. OTHER (Specify) REDETERMINATION 6. PERFORMANCE Ρ a. a. Е A C R b. b. Ó (S) c. D 7. List and reference the identification, quantity and total price proposed foreach contract line item. (Continue on reverse., if necessary. Use same headings) e. PROP. REF. a. LINE ITEM NO. b. IDENTIFICATION c. QUANTITY d. TOTAL PRICE **PAGE** 8. PROVIDE THE FOLLOWING (If available) NAME OF CONTRACT ADMINISTRATION OFFICE NAME OF AUDIT OFFICE STREET ADDRESS STREET ADDRESS CITY ZIP CODE CITY ZIP CODE STATE STATE AREA CODE NUMBER 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.

TELEPHONE

9a. NAME OF OFFEROR (Type)	9b. TITLE OF OFFEROR(Type)	10. NAME OF FIRM	
11. SIGNATURE			12. DATE OF SUBMISSION

TELEPHONE