

CONTRACT PRICING PROPOSAL COVER SHEET

(Cost or Pricing Data Required)

1. SOLICITATION/CONTRACT/MODIFICATION NO.

OMB NO.: 9000-0013
Expires: 09/30/98

Public reporting burden for this 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
2b. FIRST LINE ADDRESS
2c. STREET ADDRESS
2d. CITY
2e. STATE
2f. ZIP CODE
3a. NAME OF OFFEROR'S POINT OF CONTACT
3b. TITLE OF OFFEROR'S POINT OF CONTACT
3c. TELEPHONE NO.
AREA CODE
NUMBER
4. TYPE OF CONTRACT ACTION (check)
a. NEW CONTRACT
b. CHANGE ORDER
c. PRICE REVISION/REDETERMINATION
d. LETTER CONTRACT
e. UNPRICED ORDER
f. OTHER (Specify)
6. TYPE OF CONTRACT (check)
FFP CPFF CPIF CPAF
FPI OTHER (Specify)
6. PROPOSED COST (A+B=C)
A. COST B. PROFIT/FEE C. TOTAL

7. PERFORMANCE

Table with columns: Place (a, b), Period (a, b)

8. List and reference the identification, quantity and total price proposed for each contract line item. A line item cost breakdown supporting this recap is required unless otherwise specified by the Contracting Officer (Continue on reverse and then on plain paper, if necessary. Use same headings)

Table with columns: a. LINE ITEM NO., b. IDENTIFICATION, c. QUANTITY, d. TOTAL PRICE, e. PROP. REF. PAGE

9. PROVIDE THE FOLLOWING (If available)

NAME OF CONTRACT ADMINISTRATION OFFICE
NAME OF AUDIT OFFICE
STREET ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE
AREA CODE
NUMBER

10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "yes," identify)
11a. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? (If "Yes," complete item 11B)
11b. TYPE OF FINANCING (check one)
ADVANCE PAYMENT
PROGRESS PAYMENTS
GUARANTEED LOANS

12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes," identify item(s), customer(s), and contract number(s) on reverse of form)
13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31 COST PRINCIPLES? (If "No," explain on reverse of form)

14. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)

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.)
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.)

This proposal is submitted in response to the solicitation, contract, modification, etc. in item 1 and reflects our estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.804-6(b)(1), Table 15-2. By submitting this proposal, the offeror, if selected for negotiation, grants the contracting officer and authorized representative(s) the right to examine, at any time before award, those records, which include books, documents, accounting procedures and practices, and other data, regardless of type and regardless of whether such items are in written form, in the form of computer data, or any other form, or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposal price.

15. NAME OF OFFEROR (Type)
15. TITLE OF OFFER (Type)
16. NAME OF FIRM
17. SIGNATURE
18. DATE OF SUBMISSION

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Prescribed by GSA FAR (48 CFR) 53.215-2(a)