

## CONTRACT PRICING PROPOSAL COVER SHEET

1. SOLICITATION / CONTRACT / MODIFICATION NO.		NETL APPROVED FORM		
2. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)	3A. NAME AND TITLE OF OFFEROR'S POINT OF CONTACT		3B. TELEPHONE NO.	
	4. TYPE OF CONTRACT ACTION (Check)			
	A. NEW CONTRACT		D.	
	B. CHANGE ORDER		E.	
5. TYPE OF CONTRACT: COST SHARE		6. PROPOSED COST (A + B = C)		
		A. COST TO DOE	B. COST SHARE	C. TOTAL COST
7. PLACE(S) AND PERIOD(S) OF PERFORMANCE				

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, using same headings.)

A. LINE ITEM NO.	B. IDENTIFICATION	C. QUANTITY	D. TOTAL PRICE	E. REF.

9. PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER FOR THE FOLLOWING (If available)

A. CONTRACT ADMINISTRATION OFFICE	B. AUDIT OFFICE		
10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "yes," identify)  <input type="checkbox"/> YES <input type="checkbox"/> NO	11A. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? (If "Yes," complete Item 11B)  <input type="checkbox"/> YES <input type="checkbox"/> NO	11B. TYPE OF FINANCING (✓ one) <input type="checkbox"/> ADVANCE PAYMENTS <input type="checkbox"/> PROGRESS PAYMENTS <input type="checkbox"/> 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))  <input type="checkbox"/> YES <input type="checkbox"/> NO	13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31, COST PRINCIPLES? (If "No," explain)  <input type="checkbox"/> YES <input type="checkbox"/> NO		

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)  <input type="checkbox"/> YES <input type="checkbox"/> NO	B. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DB-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		
C. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NON-COMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal)  <input type="checkbox"/> YES <input type="checkbox"/> NO	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		

This proposal reflects our estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.403-5(b)(1) and Table 15-2. By submitting this proposal, we grant the Contracting Officer or 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 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 proposed price.

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