

<b>SUBCONTRACT PRICING PROPOSAL COVER SHEET</b> <i>(Cost or Pricing Data Required) (1-98)</i>	1. SOLICITATION/SUBCONTRACT/MODIFICATION NUMBER		
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2a. NAME OF OFFEROR	3a. NAME OF OFFEROR'S POINT OF CONTACT	3c. TELEPHONE	
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2b. FIRST LINE ADDRESS	3b. TITLE OF OFFEROR'S POINT OF CONTACT	AREA CODE	NUMBER
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2c. STREET ADDRESS	4. TYPE OF SUBCONTRACT ACTION <i>(Check)</i>		
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2d. CITY	2e. STATE	2f. ZIP CODE	a. NEW SUBCONTRACT		c. LETTER SUBCONTRACT		
			b. CHANGE ORDER		d. OTHER <i>(Specify)</i>		

5. TYPE OF SUBCONTRACT <i>(Check)</i>	6. PROPOSED COST (A+B=C)		
<input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> FPI <input type="checkbox"/> OTHER <i>(Specify)</i>	A. COST	B. PROFIT/FEE	C. TOTAL

7. PERFORMANCE			
P L A C E	a		P E R I O D
	b		a
			b

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

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				STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE		
TELEPHONE				TELEPHONE			

10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? <i>(If "yes", identify)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	11a. DO YOU REQUIRE FINANCING TO PERFORM THIS PROPOSED SUBCONTRACT? <i>(If "yes", complete Item 11B.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	11b. TYPE OF FINANCING <i>(Check one)</i> <input type="checkbox"/> ADVANCE PAYMENT <input type="checkbox"/> PROGRESS PAYMENTS
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12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? <i>(If "Yes", identify item(s), customer(s) and contract number(s) on reverse of form.)</i> <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? <i>(If "no", explain on reverse of form.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
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**14. COST ACCOUNTING STANDARDS BOARD (CASB) DATA *(Public Law 91-379 as amended and FAR PART 30)***

a. WILL THIS SUBCONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? <i>(If "no", explain in proposal)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	b. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 OR 2)? <i>(If "Yes", specify in proposal the office to which submitted and if determined to be adequate)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
c. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NONCOMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? <i>(If "Yes", explain in proposal)</i> <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? <i>(If "Yes", explain in proposal)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

This proposal is submitted in response to the solicitation, subcontract, modification, etc., in Item 1 and reflects our estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.403-5(b)(1), and Table 15-2. By submitting this proposal, the offeror grants the Company and Government 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 proposed price.

15. NAME OF AUTHORIZED REPRESENTATIVE OF OFFEROR <i>(Type)</i>	16. TITLE OF AUTHORIZED REPRESENTATIVE OF OFFEROR
17. SIGNATURE	18. DATE OF SUBMISSION