

Standard Form 274 (Back)

2. The Reinsuring Company and the Direct Writing Company covenant and agree that, in the case of default on the payment bond for the "Amount of this Reinsurance," or more, the persons given a "right of action" or a "right to sue" on the payment bond by 40 U.S.C. 3133 may bring suit against the Reinsuring Company in the United States District Court for the district in which the contract described above is to be performed and executed for the "Amount of this Reinsurance" or, if the amount of the default is for less than the "Amount of this Reinsurance," for whatever the full amount of the default may be. The Reinsuring Company further covenants and agrees to comply with all requirements necessary to give such court jurisdiction, and to consent to determination of matters arising under this Reinsurance Agreement in accordance with the law and practice of the court. It is expressly understood by the parties that the rights, powers, and privileges given in this paragraph to persons are in addition to or supplemental to or in accordance with other rights, powers, and privileges which they might have under the statutes of the United States, any States, or the other laws of either, and should not be construed as limitations.

3. The Reinsuring Company and the Direct Writing Company further covenant and agree that the Reinsuring Company designates the process agent, appointed by the Direct Writing Company in the district in which the contract is to be performed and executed, as an agent to accept service of process in any suit instituted on this Reinsurance Agreement, and that the process agent shall send, by registered mail, to the Reinsuring Company at its principal place of business shown above, a copy of the process.

4. The Reinsuring Company and the Direct Writing Company further covenant and agree that this Reinsurance Agreement is an integral part of the payment bond.

WITNESS:

The Direct Writing Company and the Reinsuring Company, respectively, have caused this Agreement to be signed and impressed with their respective corporate seals by officers possessing the power to sign this instrument, and to be duly attested to by officers empowered thereto, on the day and date in item 1A written opposite their respective names.

5. DIRECT WRITING COMPANY

5A. (1) SIGNATURE	(2) ATTEST SIGNATURE	<i>Corporate Seal</i>
5B. (1) NAME AND TITLE (Typed)	(2) NAME AND TITLE (Typed)	

6. REINSURING COMPANY

6A. (1) SIGNATURE	(2) ATTEST SIGNATURE	<i>Corporate Seal</i>
6B. (1) NAME AND TITLE (Typed)	(2) NAME AND TITLE (Typed)	

INSTRUCTIONS

This form is to be used in cases where it is desired to cover the excess of a Direct Writing Company's underwriting limitation by reinsurance instead of co-insurance on Bonds Statute payment bonds running to the United States. See FAR (48 CFR) 28.202-1 and 53.228(i).

Execute and file this form as follows:

Original and copies (as specified by the bond-approving officer), signed and sealed, shall accompany the bond or be filed within the time period shown in bid or proposal.

One copy, signed and sealed, shall accompany the Direct Writing Company's quarterly Schedule of Excess Risks filled with the Department of Treasury.

Other copies may be prepared for the use of the Direct Writing Company and Reinsuring Company. Each Reinsuring Company should use a separate form.

Standard Form 275

REINSURANCE AGREEMENT IN FAVOR OF THE UNITED STATES <i>(See instructions on reverse)</i>		OMB No.: 9000-0045
Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of 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 (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.		
1. DIRECT WRITING COMPANY*	1A. DATE DIRECT WRITING COMPANY EXECUTES THIS AGREEMENT	
	1B. STATE OF INCORPORATION	
2. REINSURING COMPANY*	2A. AMOUNT OF THIS REINSURANCE (\$)	
	2B. DATE REINSURING COMPANY EXECUTES THIS AGREEMENT	
	2C. STATE OF INCORPORATION	
3. DESCRIPTION OF BOND		
3A. DESCRIPTION OF BOND <i>(Type, purpose etc.) (If associated with contract number, date, amount, etc., include name of Government agency involved.)</i>	3B. PENAL SUM OF BOND \$	
	3C. DATE OF BOND	3D. BOND NO.
	3E. PRINCIPAL*	
	3F. STATE OF INCORPORATION <i>(If Corporate Principal)</i>	
AGREEMENT:		
<p>(a) The Direct Writing Company named above is bound as surety to the United States of America, on the bond described above, wherein the above-named is the principal. The bond is given for the protection of the United States and the Direct Writing Company has applied to the above Reinsuring Company to be reinsured and counter-secured in the amount shown opposite the name of the Reinsuring Company (referred to as the "Amount of this Reinsurance"), or for whatever amount less than the "Amount of this Reinsurance" the Direct Writing Company is liable to pay under or by virtue of the bond.</p> <p>(b) For a sum mutually agreed upon, paid by the Direct Writing Company to the Reinsuring Company which acknowledges its receipt, the parties to this Agreement covenant and agree to the terms and conditions of this agreement.</p>		
TERMS AND CONDITIONS:		
<p>The purpose and intent of this agreement is to guarantee and indemnify the United States against loss under the bond to the extent of the "Amount of this Reinsurance," or for any less sum than the "Amount of this Reinsurance," that is owing and unpaid by the Direct Writing Company to the United States.</p>		
THEREFORE:		
<p>1. If the Direct Writing Company fails to pay any default under the bond equal to or in excess of the "Amount of this Reinsurance," the Reinsuring Company covenants and agrees to pay to the United States, the obligee on the bond, the "Amount of this Reinsurance." If the Direct Writing Company fails to pay to the United States any default for a sum less than the "Amount of this Reinsurance," the Reinsuring Company covenants and agrees to pay to the United States the full amount of the default, or so much thereof that is not paid to the United States by the Direct Writing Company.</p> <p>2. The Reinsuring Company further covenants and agrees that in case of default on the bond for the "Amount of this Reinsurance," or more, the United States may sue the Reinsuring Company for the "Amount of this Reinsurance" or for the full amount of the default when the default is less than the "Amount of this Reinsurance."</p>		
WITNESS		
<p>The Direct Writing Company and the Reinsuring Company, respectively, have caused this Agreement to be signed and impressed with their respective corporate seals by officers possessing power to sign this instrument, and to be duly attested to by officers empowered thereto, on the day and date above -- written opposite their respective names.</p>		
		<i>(Over)</i>
*Items 1, 2, 3E - Furnish legal name, business address and ZIP Code.		
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition usable		STANDARD FORM 275 REV. 10-98 Prescribed by GSA-FAR (48 CFR) 53.228(j)

Standard Form 275 (Back)

4. DIRECT WRITING COMPANY		
4A.(1). SIGNATURE	(2). ATTEST: SIGNATURE	
4B.(1). NAME AND TITLE <i>(Typed)</i>	4B.(2). NAME AND TITLE <i>(Typed)</i>	<i>Corporate Seal</i>
5. REINSURING COMPANY		
5A.(1). SIGNATURE	(2). ATTEST: SIGNATURE	
5B.(1). NAME AND TITLE <i>(Typed)</i>	5B.(2). NAME AND TITLE <i>(Typed)</i>	<i>Corporate Seal</i>

INSTRUCTIONS

This form is to be used in cases where it is desired to cover the excess of a Direct Writing Company's underwriting limitation by reinsurance instead of co-insurance on bonds running to the United States except Miller Act Performance and Payment Bonds. See FAR (48 CFR) 28.202-1 and 53.228(j) and 31 CFR 223.11(b)(1). If this form is used to reinsure a bid bond, the "Penal Sum of Bond" and "Amount of this Reinsurance" may be expressed as percentage of the bid provided the actual amounts will not exceed the companies' respective underwriting limitations.

Execute and file this form as follows:

Original and copies (as specified by the bond-approving officer), signed and sealed, shall accompany the bond or be filed within the time period shown in the bid or proposal.

One carbon copy, signed and sealed, shall accompany the Direct Writing Company's quarterly Schedule of Excess Risks filed with the Department of Treasury.

Other copies may be prepared for the use of the Direct Writing Company and Reinsuring Company. Each Reinsuring Company should use a separate form.

STANDARD FORM 275 (REV. 10-98) BACK

Standard Form 294

[Go to <http://www.gsa.gov/forms> to access form.]

Standard Form 295

[Standard Form 295 has been removed.]

Standard Form 295

[Standard Form 295 has been removed.]

Standard Form 298

REPORT DOCUMENTATION PAGE			<i>Form Approved</i> <i>OMB No. 0704-0188</i>		
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.					
1. REPORT DATE (DD-MM-YYYY)		2. REPORT TYPE		3. DATES COVERED (From - To)	
4. TITLE AND SUBTITLE			5a. CONTRACT NUMBER		
			5b. GRANT NUMBER		
			5c. PROGRAM ELEMENT NUMBER		
6. AUTHOR(S)			5d. PROJECT NUMBER		
			5e. TASK NUMBER		
			5f. WORK UNIT NUMBER		
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)			8. PERFORMING ORGANIZATION REPORT NUMBER		
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)			10. SPONSOR/MONITOR'S ACRONYM(S)		
			11. SPONSOR/MONITOR'S REPORT NUMBER(S)		
12. DISTRIBUTION/AVAILABILITY STATEMENT					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			19b. TELEPHONE NUMBER (Include area code)

Standard Form 298 (Rev. 8/98)
Prescribed by ANSI Std. Z39.18

Standard Form 298 (Back)

INSTRUCTIONS FOR COMPLETING SF 298

1. REPORT DATE. Full publication date, including day, month, if available. Must cite at least the year and be Year 2000 compliant, e.g. 30-06-1998; xx-06-1998; xx-xx-1998.

2. REPORT TYPE. State the type of report, such as final, technical, interim, memorandum, master's thesis, progress, quarterly, research, special, group study, etc.

3. DATES COVERED. Indicate the time during which the work was performed and the report was written, e.g., Jun 1997 - Jun 1998; 1-10 Jun 1996; May - Nov 1998; Nov 1998.

4. TITLE. Enter title and subtitle with volume number and part number, if applicable. On classified documents, enter the title classification in parentheses.

5a. CONTRACT NUMBER. Enter all contract numbers as they appear in the report, e.g. F33615-86-C-5169.

5b. GRANT NUMBER. Enter all grant numbers as they appear in the report, e.g. AFOSR-82-1234.

5c. PROGRAM ELEMENT NUMBER. Enter all program element numbers as they appear in the report, e.g. 61101A.

5d. PROJECT NUMBER. Enter all project numbers as they appear in the report, e.g. 1F665702D1257; ILIR.

5e. TASK NUMBER. Enter all task numbers as they appear in the report, e.g. 05; RF0330201; T4112.

5f. WORK UNIT NUMBER. Enter all work unit numbers as they appear in the report, e.g. 001; AFAPL30480105.

6. AUTHOR(S). Enter name(s) of person(s) responsible for writing the report, performing the research, or credited with the content of the report. The form of entry is the last name, first name, middle initial, and additional qualifiers separated by commas, e.g. Smith, Richard, J, Jr.

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES). Self-explanatory.

8. PERFORMING ORGANIZATION REPORT NUMBER. Enter all unique alphanumeric report numbers assigned by the performing organization, e.g. BRL-1234; AFWL-TR-85-4017-Vol-21-PT-2.

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES). Enter the name and address of the organization(s) financially responsible for and monitoring the work.

10. SPONSOR/MONITOR'S ACRONYM(S). Enter, if available, e.g. BRL, ARDEC, NADC.

11. SPONSOR/MONITOR'S REPORT NUMBER(S). Enter report number as assigned by the sponsoring/monitoring agency, if available, e.g. BRL-TR-829; -215.

12. DISTRIBUTION/AVAILABILITY STATEMENT. Use agency-mandated availability statements to indicate the public availability or distribution limitations of the report. If additional limitations/ restrictions or special markings are indicated, follow agency authorization procedures, e.g. RD/FRD, PROPIN, ITAR, etc. Include copyright information.

13. SUPPLEMENTARY NOTES. Enter information not included elsewhere such as: prepared in cooperation with; translation of; report supersedes; old edition number, etc.

14. ABSTRACT. A brief (approximately 200 words) factual summary of the most significant information.

15. SUBJECT TERMS. Key words or phrases identifying major concepts in the report.

16. SECURITY CLASSIFICATION. Enter security classification in accordance with security classification regulations, e.g. U, C, S, etc. If this form contains classified information, stamp classification level on the top and bottom of this page.

17. LIMITATION OF ABSTRACT. This block must be completed to assign a distribution limitation to the abstract. Enter UU (Unclassified Unlimited) or SAR (Same as Report). An entry in this block is necessary if the abstract is to be limited.

Standard Form 308

Request For Wage Determination And Response To Request <small>(Construction Wage Rate Requirements Statute and Related Statutes)</small>	U.S. Department of Labor <small>Wage and Hour Division</small>	CHECK OR LIST CRAFTS NEEDED <small>(Attach continuation sheet if needed)</small>																																																																										
<p>FOR DEPARTMENT OF LABOR USE</p> <p>Response To Request</p> <p><input type="checkbox"/> Use area determination issued for this area</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> The attached decision noted below is applicable to this project</p> <p>Decision Number _____</p> <p>Date of Decision _____</p> <p>Expires _____</p> <p>Supersedes Decision Number _____</p> <p>Approved _____</p>	<p style="text-align: center;">Mail Your Request To: U.S. Department of Labor Wage and Hour Division Branch of Construction Contract Wage Determinations Washington, D.C. 20210</p> <hr/> <p>Requesting Officer (Typed name and signature) _____ Phone Number _____</p> <p>Department, Agency, or Bureau _____ Estimated Bid Opening Date _____</p> <p>Date of Request _____ Estimated Advertising Date _____</p> <p>Prior Decision Number (if any) _____ Estimated \$ Value of Contract <input type="checkbox"/> Under 1/2 Mil <input type="checkbox"/> 1 to 5 Mil <input type="checkbox"/> Highway <input type="checkbox"/> 1/2 to 1 Mil <input type="checkbox"/> Over 5 Mil <input type="checkbox"/> Heavy</p> <p>Address to which wage determination should be mailed. (Print or type) <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p> <p>Location of Project (City, County, State, Zip Code) _____</p> <p>Description of Work (Be specific) (Print or type) <div style="border: 1px solid black; width: 200px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 200px; height: 30px;"></div></p>	<table border="0" style="width: 100%; font-size: small;"> <tr><td>Asbestos workers</td><td>_____</td></tr> <tr><td>Boilermakers</td><td>_____</td></tr> <tr><td>Bricklayers</td><td>_____</td></tr> <tr><td>Carpenters</td><td>_____</td></tr> <tr><td>Cement masons</td><td>_____</td></tr> <tr><td>Electricians</td><td>_____</td></tr> <tr><td>Glaziers</td><td>_____</td></tr> <tr><td>Ironworkers</td><td>_____</td></tr> <tr><td>Laborers (Specify classes)</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>Lathers</td><td>_____</td></tr> <tr><td>Marble & tile setters, terrazzo workers</td><td>_____</td></tr> <tr><td>Painters</td><td>_____</td></tr> <tr><td>Piledrivers</td><td>_____</td></tr> <tr><td>Plasterers</td><td>_____</td></tr> <tr><td>Plumbers</td><td>_____</td></tr> <tr><td>Roofers</td><td>_____</td></tr> <tr><td>Sheet metal workers</td><td>_____</td></tr> <tr><td>Soft floor layers</td><td>_____</td></tr> <tr><td>Steamfitters</td><td>_____</td></tr> <tr><td>Welders-rate for craft</td><td>_____</td></tr> <tr><td>Truck drivers</td><td>_____</td></tr> <tr><td>Power equipment operators (Specify types)</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>Other Crafts</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Asbestos workers	_____	Boilermakers	_____	Bricklayers	_____	Carpenters	_____	Cement masons	_____	Electricians	_____	Glaziers	_____	Ironworkers	_____	Laborers (Specify classes)	_____	_____	_____	_____	_____	Lathers	_____	Marble & tile setters, terrazzo workers	_____	Painters	_____	Piledrivers	_____	Plasterers	_____	Plumbers	_____	Roofers	_____	Sheet metal workers	_____	Soft floor layers	_____	Steamfitters	_____	Welders-rate for craft	_____	Truck drivers	_____	Power equipment operators (Specify types)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Other Crafts	_____	_____	_____	_____	_____	_____	_____	_____	_____
Asbestos workers	_____																																																																											
Boilermakers	_____																																																																											
Bricklayers	_____																																																																											
Carpenters	_____																																																																											
Cement masons	_____																																																																											
Electricians	_____																																																																											
Glaziers	_____																																																																											
Ironworkers	_____																																																																											
Laborers (Specify classes)	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
Lathers	_____																																																																											
Marble & tile setters, terrazzo workers	_____																																																																											
Painters	_____																																																																											
Piledrivers	_____																																																																											
Plasterers	_____																																																																											
Plumbers	_____																																																																											
Roofers	_____																																																																											
Sheet metal workers	_____																																																																											
Soft floor layers	_____																																																																											
Steamfitters	_____																																																																											
Welders-rate for craft	_____																																																																											
Truck drivers	_____																																																																											
Power equipment operators (Specify types)	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
Other Crafts	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
_____	_____																																																																											
<p>Standard Form 308 (Rev. 2/2013) U.S. Department of Labor -29 CFR Part 1</p>																																																																												

Standard Form 330

ARCHITECT-ENGINEER QUALIFICATIONS

OMB No.: 9000-0157
Expires: 10/31/2014

PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average 29 hours (25 hours for part 1 and 4 hours for Part 2) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0157, Office of Governmentwide Acquisition Policy, 1800 F Street, NW, Washington, DC 20405.

PURPOSE

Federal agencies use this form to obtain information from architect-engineer (A-E) firms about their professional qualifications. Federal agencies select firms for A-E contracts on the basis of professional qualifications as required by 40 U.S.C. chapter 11, Selection of Architects Engineers, and Part 36 of the Federal Acquisition Regulation (FAR).

The Selection of Architects and Engineers statute requires the public announcement of requirements for A-E services (with some exceptions provided by other statutes), and the selection of at least three of the most highly qualified firms based on demonstrated competence and professional qualifications according to specific criteria published in the announcement. The Act then requires the negotiation of a contract at a fair and reasonable price starting first with the most highly qualified firm.

The information used to evaluate firms is from this form and other sources, including performance evaluations, any additional data requested by the agency, and interviews with the most highly qualified firms and their references.

GENERAL INSTRUCTIONS

Part I presents the qualifications for a specific contract.

Part II presents the general qualifications of a firm or a specific branch office of a firm. Part II has two uses:

1. An A-E firm may submit Part II to the appropriate central, regional or local office of each Federal agency to be kept on file. A public announcement is not required for certain contracts, and agencies may use Part II as a basis for selecting at least three of the most highly qualified firms for discussions prior to requesting submission of Part I. Firms are encouraged to update Part II on file with agency offices, as appropriate, according to FAR Part 36. If a firm has branch offices, submit a separate Part II for each branch office seeking work.

2. Prepare a separate Part II for each firm that will be part of the team proposed for a specific contract and submitted with Part I. If a firm has branch offices, submit a separate Part II for each branch office that has a key role on the team.

INDIVIDUAL AGENCY INSTRUCTIONS

Individual agencies may supplement these instructions. For example, they may limit the number of projects or number of

pages submitted in Part I in response to a public announcement for a particular project. Carefully comply with any agency instructions when preparing and submitting this form. Be as concise as possible and provide only the information requested by the agency.

DEFINITIONS

Architect-Engineer Services: Defined in FAR 2.101.

Branch Office: A geographically distinct place of business or subsidiary office of a firm that has a key role on the team.

Discipline: Primary technical capabilities of key personnel, as evidenced by academic degree, professional registration, certification, and/or extensive experience.

Firm: Defined in FAR 36.102.

Key Personnel: Individuals who will have major contract responsibilities and/or provide unusual or unique expertise.

SPECIFIC INSTRUCTIONS

Part I - Contract-Specific Qualifications

Section A. Contract Information.

1. **Title and Location.** Enter the title and location of the contract for which this form is being submitted, exactly as shown in the public announcement or agency request.

2. **Public Notice Date.** Enter the posted date of the agency's notice on the Federal Business Opportunity website (FedBizOpps), other form of public announcement or agency request for this contract.

3. **Solicitation or Project Number.** Enter the agency's solicitation number and/or project number, if applicable, exactly as shown in the public announcement or agency request for this contract.

Section B. Architect-Engineer Point of Contact.

- 4-8. **Name, Title, Name of Firm, Telephone Number, Fax (Facsimile) Number and E-mail (Electronic Mail) Address.** Provide information for a representative of the prime contractor or joint venture that the agency can contact for additional information.

Standard Form 330 (Page 2 of Instructions)

Section C. Proposed Team.

9-11. Firm Name, Address, and Role in This Contract. Provide the contractual relationship, name, full mailing address, and a brief description of the role of each firm that will be involved in performance of this contract. List the prime contractor or joint venture partners first. If a firm has branch offices, indicate each individual branch office that will have a key role on the team. The named subcontractors and outside associates or consultants must be used, and any change must be approved by the contracting officer. (See FAR Part 52 Clause "Subcontractors and Outside Associates and Consultants (Architect-Engineer Services)".) Attach an additional sheet in the same format as Section C if needed.

Section D. Organizational Chart of Proposed Team.

As an attachment after Section C, present an organizational chart of the proposed team showing the names and roles of all key personnel listed in Section E and the firm they are associated with as listed in Section C.

Section E. Resumes of Key Personnel Proposed for This Contract.

Complete this section for each key person who will participate in this contract. Group by firm, with personnel of the prime contractor or joint venture partner firms first. The following blocks must be completed for each resume:

12. Name. Self-explanatory.

13. Role in This Contract. Self-explanatory.

14. Years Experience. Total years of relevant experience (block 14a), and years of relevant experience with current firm, but not necessarily the same branch office (block 14b).

15. Firm Name and Location. Name, city and state of the firm where the person currently works, which must correspond with one of the firms (or branch office of a firm, if appropriate) listed in Section C.

16. Education. Provide information on the highest relevant academic degree(s) received. Indicate the area(s) of specialization for each degree.

17. Current Professional Registration. Provide information on current relevant professional registration(s) in a State or possession of the United States, Puerto Rico, or the District of Columbia according to FAR Part 36.

18. Other Professional Qualifications. Provide information on any other professional qualifications relating to this contract, such as education, professional registration, publications, organizational memberships, certifications, training, awards, and foreign language capabilities.

19. Relevant Projects. Provide information on up to five projects in which the person had a significant role that demonstrates the person's capability relevant to her/his proposed role in this contract. These projects do not necessarily have to be any of the projects presented in Section F for the project team if the person was not involved in any of those projects or the person worked on other projects that were more relevant than the team projects in Section F. Use the check box provided to indicate if the project was performed with any office of the current firm. If any of the professional services or construction projects are not complete, leave Year Completed blank and indicate the status in Brief Description and Specific Role (block (3)).

Section F. Example Projects Which Best Illustrate Proposed Team's Qualifications for This Contract.

Select projects where multiple team members worked together, if possible, that demonstrate the team's capability to perform work similar to that required for this contract. Complete one Section F for each project. Present ten projects, unless otherwise specified by the agency. Complete the following blocks for each project:

20. Example Project Key Number. Start with "1" for the first project and number consecutively.

21. Title and Location. Title and location of project or contract. For an indefinite delivery contract, the location is the geographic scope of the contract.

22. Year Completed. Enter the year completed of the professional services (such as planning, engineering study, design or surveying), and/or the year completed of construction, if applicable. If any of the professional services or the construction projects are not complete, leave Year Completed blank and indicate the status in Brief Description of Project and Relevance to This Contract (block 24).

23a. Project Owner. Project owner or user, such as a government agency or installation, an institution, a corporation or private individual.

23b. Point of Contact Name. Provide name of a person associated with the project owner or the organization which contracted for the professional services, who is very familiar with the project and the firm's (or firms') performance.

23c. Point of Contact Telephone Number Self-explanatory.

24. Brief Description of Project and Relevance to This Contract. Indicate scope, size, cost, principal elements and special features of the project. Discuss the relevance of the example project to this contract. Enter any other information requested by the agency for each example project.

Standard Form 330 (Page 3 of Instructions)

25. Firms from Section C Involved with This Project. Indicate which firms (or branch offices, if appropriate) on the project team were involved in the example project, and their roles. List in the same order as Section C.

Section G. Key Personnel Participation in Example Projects.

This matrix is intended to graphically depict which key personnel identified in Section E worked on the example projects listed in Section F. Complete the following blocks (see example below).

26. and 27. Names of Key Personnel and Role in This Contract. List the names of the key personnel and their proposed roles in this contract in the same order as they appear in Section E.

28. Example Projects Listed in Section F. In the column under each project key number (see block 29) and for each key person, place an "X" under the project key number for participation in the same or similar role.

29. Example Projects Key. List the key numbers and titles of the example projects in the same order as they appear in Section F.

Section H. Additional Information.

30. Use this section to provide additional information specifically requested by the agency or to address selection criteria that are not covered by the information provided in Sections A-G.

Section I. Authorized Representative.

31. and 32. Signature of Authorized Representative and Date. An authorized representative of a joint venture or the prime contractor must sign and date the completed form. Signing attests that the information provided is current and factual, and that all firms on the proposed team agree to work on the project. Joint ventures selected for negotiations must make available a statement of participation by a principal of each member of the joint venture.

33. Name and Title. Self-explanatory.

SAMPLE ENTRIES FOR SECTION G (MATRIX)

26. NAMES OF KEY PERSONNEL (From Section E, Block 12)	27. ROLE IN THIS CONTRACT (From Section E, Block 13)	28. EXAMPLE PROJECTS LISTED IN SECTION F (Fill in "Example Projects Key" section below first, before completing table. Place "X" under project key number for participation in same or similar role.)									
		1	2	3	4	5	6	7	8	9	10
Jane A. Smith	Chief Architect	X		X							
Joseph B. Williams	Chief Mech. Engineer	X	X	X	X						
Tara C. Donovan	Chief Elec. Engineer	X	X		X						

29. EXAMPLE PROJECTS KEY

NO.	TITLE OF EXAMPLE PROJECT (FROM SECTION F)	NO.	TITLE OF EXAMPLE PROJECT (FROM SECTION F)
1	Federal Courthouse, Denver, CO	6	XYZ Corporation Headquarters, Boston, MA
2	Justin J. Wilson Federal Building, Baton Rouge, LA	7	Founder's Museum, Newport RI

Standard Form 330 (Page 4 of Instructions)

Part II - General Qualifications

See the "General Instructions" on page 1 for firms with branch offices. Prepare Part II for the specific branch office seeking work if the firm has branch offices.

1. Solicitation Number. If Part II is submitted for a specific contract, insert the agency's solicitation number and/or project number, if applicable, exactly as shown in the public announcement or agency request.

2a-2e. Firm (or Branch Office) Name and Address. Self-explanatory.

3. Year Established. Enter the year the firm (or branch office, if appropriate) was established under the current name.

4. DUNS Number. Insert the Data Universal Numbering System number issued by Dun and Bradstreet Information Services. Firms must have a DUNS number. See FAR Part 4.6.

5. Ownership.

a. Type. Enter the type of ownership or legal structure of the firm (sole proprietor, partnership, corporation, joint venture, etc.).

b. Small Business Status. Refer to the North American Industry Classification System (NAICS) code in the public announcement, and indicate if the firm is a small business according to the current size standard for that NAICS code (for example, Engineering Services (part of NAICS 541330), Architectural Services (NAICS 541310), Surveying and Mapping Services (NAICS 541370)). The small business categories and the internet website for the NAICS codes appear in FAR Part 19. Contact the requesting agency for any questions. Contact your local U.S. Small Business Administration office for any questions regarding Business Status.

6a-6c. Point of Contact. Provide this information for a representative of the firm that the agency can contact for additional information. The representative must be empowered to speak on contractual and policy matters.

7. Name of Firm. Enter the name of the firm if Part II is prepared for a branch office.

8a-8c. Former Firm Names. Indicate any other previous names for the firm (or branch office) during the last six years. Insert the year that this corporate name change was

effective and the associated DUNS Number. This information is used to review past performance on Federal contracts.

9. Employees by Discipline. Use the relevant disciplines and associated function codes shown at the end of these instructions and list in the same numerical order. After the listed disciplines, write in any additional disciplines and leave the function code blank. List no more than 20 disciplines. Group remaining employees under "Other Employees" in column b. Each person can be counted only once according to his/her primary function. If Part II is prepared for a firm (including all branch offices), enter the number of employees by disciplines in column c(1). If Part II is prepared for a branch office, enter the number of employees by discipline in column c(2) and for the firm in column c(1).

10. Profile of Firm's Experience and Annual Average Revenue for Last 5 Years. Complete this block for the firm or branch office for which this Part II is prepared. Enter the experience categories which most accurately reflect the firm's technical capabilities and project experience. Use the relevant experience categories and associated profile codes shown at the end of these instructions, and list in the same numerical order. After the listed experience categories, write in any unlisted relevant project experience categories and leave the profile codes blank. For each type of experience, enter the appropriate revenue index number to reflect the professional services revenues received annually (averaged over the last 5 years) by the firm or branch office for performing that type of work. A particular project may be identified with one experience category or it may be broken into components, as best reflects the capabilities and types of work performed by the firm. However, do not double count the revenues received on a particular project.

11. Annual Average Professional Services Revenues of Firm for Last 3 Years. Complete this block for the firm or branch office for which this Part II is prepared. Enter the appropriate revenue index numbers to reflect the professional services revenues received annually (averaged over the last 3 years) by the firm or branch office. Indicate Federal work (performed directly for the Federal Government, either as the prime contractor or subcontractor), non-Federal work (all other domestic and foreign work, including Federally-assisted projects), and the total. If the firm has been in existence for less than 3 years, see the definition for "Annual Receipts" under FAR 19.101.

12. Authorized Representative. An authorized representative of the firm or branch office must sign and date the completed form. Signing attests that the information provided is current and factual. Provide the name and title of the authorized representative who signed the form.

Standard Form 330 (Page 5 of Instructions)

List of Disciplines (Function Codes)

Code	Description	Code	Description
01	Acoustical Engineer	32	Hydraulic Engineer
02	Administrative	33	Hydrographic Surveyor
03	Aerial Photographer	34	Hydrologist
04	Aeronautical Engineer	35	Industrial Engineer
05	Archeologist	36	Industrial Hygienist
06	Architect	37	Interior Designer
07	Biologist	38	Land Surveyor
08	CADD Technician	39	Landscape Architect
09	Cartographer	40	Materials Engineer
10	Chemical Engineer	41	Materials Handling Engineer
11	Chemist	42	Mechanical Engineer
12	Civil Engineer	43	Mining Engineer
13	Communications Engineer	44	Oceanographer
14	Computer Programmer	45	Photo Interpreter
15	Construction Inspector	46	Photogrammetrist
16	Construction Manager	47	Planner: Urban/Regional
17	Corrosion Engineer	48	Project Manager
18	Cost Engineer/Estimator	49	Remote Sensing Specialist
19	Ecologist	50	Risk Assessor
20	Economist	51	Safety/Occupational Health Engineer
21	Electrical Engineer	52	Sanitary Engineer
22	Electronics Engineer	53	Scheduler
23	Environmental Engineer	54	Security Specialist
24	Environmental Scientist	55	Soils Engineer
25	Fire Protection Engineer	56	Specifications Writer
26	Forensic Engineer	57	Structural Engineer
27	Foundation/Geotechnical Engineer	58	Technician/Analyst
28	Geodetic Surveyor	59	Toxicologist
29	Geographic Information System Specialist	60	Transportation Engineer
30	Geologist	61	Value Engineer
31	Health Facility Planner	62	Water Resources Engineer

Standard Form 330 (Page 6 of Instructions)

List of Experience Categories (Profile Codes)

Code	Description	Code	Description
A01	Acoustics, Noise Abatement	E01	Ecological & Archeological Investigations
A02	Aerial Photography; Airborne Data and Imagery Collection and Analysis	E02	Educational Facilities; Classrooms
A03	Agricultural Development; Grain Storage; Farm Mechanization	E03	Electrical Studies and Design
A04	Air Pollution Control	E04	Electronics
A05	Airports; Nav aids; Airport Lighting; Aircraft Fueling	E05	Elevators; Escalators; People-Movers
A06	Airports; Terminals and Hangars; Freight Handling	E06	Embassies and Chanceries
A07	Arctic Facilities	E07	Energy Conservation; New Energy Sources
A08	Animal Facilities	E08	Engineering Economics
A09	Anti-Terrorism/Force Protection	E09	Environmental Impact Studies, Assessments or Statements
A10	Asbestos Abatement	E10	Environmental and Natural Resource Mapping
A11	Auditoriums & Theaters	E11	Environmental Planning
A12	Automation; Controls; Instrumentation	E12	Environmental Remediation
B01	Barracks; Dormitories	E13	Environmental Testing and Analysis
B02	Bridges	F01	Fallout Shelters; Blast-Resistant Design
C01	Cartography	F02	Field Houses; Gyms; Stadiums
C02	Cemeteries (<i>Planning & Relocation</i>)	F03	Fire Protection
C03	Charting: Nautical and Aeronautical	F04	Fisheries; Fish ladders
C04	Chemical Processing & Storage	F05	Forensic Engineering
C05	Child Care/Development Facilities	F06	Forestry & Forest products
C06	Churches; Chapels	G01	Garages; Vehicle Maintenance Facilities; Parking Decks
C07	Coastal Engineering	G02	Gas Systems (Propane; Natural, Etc.)
C08	Codes; Standards; Ordinances	G03	Geodetic Surveying: Ground and Air-borne
C09	Cold Storage; Refrigeration and Fast Freeze	G04	Geographic Information System Services: Development, Analysis, and Data Collection
C10	Commercial Building (<i>low rise</i>) ; Shopping Centers	G05	Geospatial Data Conversion: Scanning, Digitizing, Compilation, Attributing, Scribing, Drafting
C11	Community Facilities	G06	Graphic Design
C12	Communications Systems; TV; Microwave	H01	Harbors; Jetties; Piers, Ship Terminal Facilities
C13	Computer Facilities; Computer Service	H02	Hazardous Materials Handling and Storage
C14	Conservation and Resource Management	H03	Hazardous, Toxic, Radioactive Waste Remediation
C15	Construction Management	H04	Heating; Ventilating; Air Conditioning
C16	Construction Surveying	H05	Health Systems Planning
C17	Corrosion Control; Cathodic Protection; Electrolysis	H06	Highrise; Air-Rights-Type Buildings
C18	Cost Estimating; Cost Engineering and Analysis; Parametric Costing; Forecasting	H07	Highways; Streets; Airfield Paving; Parking Lots
C19	Cryogenic Facilities	H08	Historical Preservation
D01	Dams (<i>Concrete; Arch</i>)	H09	Hospital & Medical Facilities
D02	Dams (<i>Earth; Rock</i>); Dikes; Levees	H10	Hotels; Motels
D03	Desalinization (<i>Process & Facilities</i>)	H11	Housing (<i>Residential, Multi-Family; Apartments; Condominiums</i>)
D04	Design-Build - Preparation of Requests for Proposals	H12	Hydraulics & Pneumatics
D05	Digital Elevation and Terrain Model Development	H13	Hydrographic Surveying
D06	Digital Orthophotography		
D07	Dining Halls; Clubs; Restaurants		
D08	Dredging Studies and Design		

Standard Form 330 (Page 7 of Instructions)

List of Experience Categories (Profile Codes)

Code	Description	Code	Description
I01	Industrial Buildings; Manufacturing Plants	P09	Product, Machine Equipment Design
I02	Industrial Processes; Quality Control	P10	Pneumatic Structures, Air-Support Buildings
I03	Industrial Waste Treatment	P11	Postal Facilities
I04	Intelligent Transportation Systems	P12	Power Generation, Transmission, Distribution
I05	Interior Design; Space Planning	P13	Public Safety Facilities
I06	Irrigation; Drainage	R01	Radar; Sonar; Radio & Radar Telescopes
J01	Judicial and Courtroom Facilities	R02	Radio Frequency Systems & Shieldings
L01	Laboratories; Medical Research Facilities	R03	Railroad; Rapid Transit
L02	Land Surveying	R04	Recreation Facilities (Parks, Marinas, Etc.)
L03	Landscape Architecture	R05	Refrigeration Plants/Systems
L04	Libraries; Museums; Galleries	R06	Rehabilitation (Buildings; Structures; Facilities)
L05	Lighting (Interior; Display; Theater, Etc.)	R07	Remote Sensing
L06	Lighting (Exteriors; Streets; Memorials; Athletic Fields, Etc.)	R08	Research Facilities
M01	Mapping Location/Addressing Systems	R09	Resources Recovery, Recycling
M02	Materials Handling Systems; Conveyors; Sorters	R10	Risk Analysis
M03	Metallurgy	R11	Rivers; Canals; Waterways; Flood Control
M04	Microclimatology; Tropical Engineering	R12	Roofing
M05	Military Design Standards	S01	Safety Engineering; Accident Studies; OSHA Studies
M06	Mining & Mineralogy	S02	Security Systems; Intruder & Smoke Detection
M07	Missile Facilities (Silos; Fuels; Transport)	S03	Seismic Designs & Studies
M08	Modular Systems Design; Pre-Fabricated Structures or Components	S04	Sewage Collection, Treatment and Disposal
N01	Naval Architecture; Off-Shore Platforms	S05	Soils & Geologic Studies; Foundations
N02	Navigation Structures; Locks	S06	Solar Energy Utilization
N03	Nuclear Facilities; Nuclear Shielding	S07	Solid Wastes; Incineration; Landfill
O01	Office Buildings; Industrial Parks	S08	Special Environments; Clean Rooms, Etc.
O02	Oceanographic Engineering	S09	Structural Design; Special Structures
O03	Ordnance; Munitions; Special Weapons	S10	Surveying; Platting; Mapping; Flood Plain Studies
P01	Petroleum Exploration; Refining	S11	Sustainable Design
P02	Petroleum and Fuel (Storage and Distribution)	S12	Swimming Pools
P03	Photogrammetry	S13	Storm Water Handling & Facilities
P04	Pipelines (Cross-Country - Liquid & Gas)	T01	Telephone Systems (<i>Rural, Mobile, Intercom, Etc.</i>)
P05	Planning (Community, Regional, Areawide and State)	T02	Testing & Inspection Services
P06	Planning (Site, Installation, and Project)	T03	Traffic & Transportation Engineering
P07	Plumbing & Piping Design	T04	Topographic Surveying and Mapping
P08	Prisons & Correctional Facilities	T05	Towers (<i>Self-Supporting & Guyed Systems</i>)
		T06	Tunnels & Subways

Standard Form 330 (Page 8 of Instructions)

List of Experience Categories (Profile Codes)

Code	Description
U01	Unexploded Ordnance Remediation
U02	Urban Renewals; Community Development
U03	Utilities (Gas and Steam)
V01	Value Analysis; Life-Cycle Costing
W01	Warehouses & Depots
W02	Water Resources; Hydrology; Ground Water
W03	Water Supply; Treatment and Distribution
W04	Wind Tunnels; Research/Testing Facilities Design
Z01	Zoning; Land Use Studies

Standard Form 330 (Page 1)

ARCHITECT - ENGINEER QUALIFICATIONS

PART I - CONTRACT-SPECIFIC QUALIFICATIONS

A. CONTRACT INFORMATION

1. TITLE AND LOCATION *(City and State)*

2. PUBLIC NOTICE DATE

3. SOLICITATION OR PROJECT NUMBER

B. ARCHITECT-ENGINEER POINT OF CONTACT

4. NAME AND TITLE

5. NAME OF FIRM

6. TELEPHONE NUMBER

7. FAX NUMBER

8. E-MAIL ADDRESS

C. PROPOSED TEAM

(Complete this section for the prime contractor and all key subcontractors.)

	<i>(Check)</i>				9. FIRM NAME	10. ADDRESS	11. ROLE IN THIS CONTRACT
	PRIME	J-V	OWNER	SUBCONTRACTOR			
a.							
					<input type="checkbox"/> CHECK IF BRANCH OFFICE		
b.							
					<input type="checkbox"/> CHECK IF BRANCH OFFICE		
c.							
					<input type="checkbox"/> CHECK IF BRANCH OFFICE		
d.							
					<input type="checkbox"/> CHECK IF BRANCH OFFICE		
e.							
					<input type="checkbox"/> CHECK IF BRANCH OFFICE		
f.							
					<input type="checkbox"/> CHECK IF BRANCH OFFICE		

D. ORGANIZATIONAL CHART OF PROPOSED TEAM *(Attached)*

Standard Form 330 (Page 2)

E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT

(Complete one Section E for each key person.)

12. NAME	13. ROLE IN THIS CONTRACT	14. YEARS EXPERIENCE	
		a. TOTAL	b. WITH CURRENT FIRM
15. FIRM NAME AND LOCATION <i>(City and State)</i>			
16. EDUCATION <i>(DEGREE AND SPECIALIZATION)</i>		17. CURRENT PROFESSIONAL REGISTRATION <i>(STATE AND DISCIPLINE)</i>	
18. OTHER PROFESSIONAL QUALIFICATIONS <i>(Publications, Organizations, Training, Awards, etc.)</i>			

19. RELEVANT PROJECTS

(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
a. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	<input type="checkbox"/> Check if project performed with current firm	
(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
b. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	<input type="checkbox"/> Check if project performed with current firm	
(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
c. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	<input type="checkbox"/> Check if project performed with current firm	
(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
d. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	<input type="checkbox"/> Check if project performed with current firm	
(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
e. (3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	<input type="checkbox"/> Check if project performed with current firm	

Standard Form 330 (Page 3)

F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section E for each project.)</i>	20. EXAMPLE PROJECT KEY NUMBER
---	--------------------------------

21. TITLE AND LOCATION <i>(City and State)</i>	22. YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>

23. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT TELEPHONE NUMBER

24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
a.		
b.		
c.		
d.		
e.		
f.		

Standard Form 330 (Page 4)

G. KEY PERSONNEL PARTICIPATION IN EXAMPLE PROJECTS

26. NAMES OF KEY PERSONNEL (From Section E, Block 12)	27. ROLE IN THIS CONTRACT (From Section E, Block 13)	28. EXAMPLE PROJECTS LISTED IN SECTION F (Fill in "Example Projects Key" section below before completing table. Place "X" under project key number for participation in same or similar role.)									
		1	2	3	4	5	6	7	8	9	10

29. EXAMPLE PROJECTS KEY

NO.	TITLE OF EXAMPLE PROJECT (FROM SECTION F)	NO.	TITLE OF EXAMPLE PROJECT (FROM SECTION F)
1		6	
2		7	
3		8	
4		9	
5		10	

Standard Form 330 (Page 5)

H. ADDITIONAL INFORMATION

30. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE AGENCY. ATTACH ADDITIONAL SHEETS AS NEEDED.

I. AUTHORIZED REPRESENTATIVE

The foregoing is a statement of facts.

31. SIGNATURE

32. DATE

33. NAME AND TITLE

STANDARD FORM 330 (REV. 3/2013) PAGE 5

Standard Form 330 (Page 6)

ARCHITECT-ENGINEER QUALIFICATIONS			1. SOLICITATION NUMBER <i>(if any)</i>		
PART II - GENERAL QUALIFICATIONS <i>(If a firm has branch offices, complete for each specific branch office seeking work.)</i>					
2a. FIRM (OR BRANCH OFFICE) NAME			3. YEAR ESTABLISHED	4. DUNS NUMBER	
2b. STREET			5. OWNERSHIP		
2c. CITY			2d. STATE	2e. ZIP CODE	
6a. POINT OF CONTACT NAME AND TITLE			a. TYPE		
			b. SMALL BUSINESS STATUS		
6b. TELEPHONE NUMBER			7. NAME OF FIRM <i>(If block 2a is a branch office)</i>		
6c. E-MAIL ADDRESS					
8a. FORMER FIRM NAME(S) <i>(if any)</i>			8b. YR. ESTABLISHED	8c. DUNS NUMBER	
9. EMPLOYEES BY DISCIPLINE			10. PROFILE OF FIRM'S EXPERIENCE AND ANNUAL AVERAGE REVENUE FOR LAST 5 YEARS		
a. Function Code	b. Discipline	c. No. of Employees (1) FIRM (2) BRANCH		a. Profile Code	b. Experience
					c. Revenue Index Number <i>(see below)</i>
	Other Employees				
Total					
11. ANNUAL AVERAGE PROFESSIONAL SERVICES REVENUES OF FIRM FOR LAST 3 YEARS <i>(Insert revenue index number shown at right)</i>		PROFESSIONAL SERVICES REVENUE INDEX NUMBER			
a. Federal Work		1. Less than \$100,000	6. \$2 million to less than \$5 million		
b. Non-Federal Work		2. \$100,00 to less than \$250,000	7. \$5 million to less than \$10 million		
c. Total Work		3. \$250,000 to less than \$500,000	8. \$10 million to less than \$25 million		
		4. \$500,000 to less than \$1 million	9. \$25 million to less than \$50 million		
		5. \$1 million to less than \$2 million	10. \$50 million or greater		
12. AUTHORIZED REPRESENTATIVE The foregoing is a statement of facts.					
a. SIGNATURE			b. DATE		
c. NAME AND TITLE					

Standard Form 1034

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.		
			CONTRACT NUMBER AND DATE		PAID BY		
			REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS					DATE INVOICE RECEIVED		
					DISCOUNT TERMS		
					PAYEE'S ACCOUNT NUMBER		
					GOVERNMENT B/L NUMBER		
SHIPPED FROM			TO		WEIGHT		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY	UNIT PRICE		AMOUNT <small>(1)</small>	
				COST	PER		
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR = \$	EXCHANGE RATE = \$1.00	DIFFERENCES			
		BY 2		Amount verified; correct for			
		TITLE		<i>(Signature or initials)</i>			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
		<i>(Date)</i>		<i>(Authorized Certifying Officer) 2</i>		<i>(Title)</i>	
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON <i>(Name of bank)</i>		
	CASH \$	DATE		PAYEE 3			
1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. 3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John				PER			
				TITLE			
Previous edition usable. NSN 7540-00-900-2234							
PRIVACY ACT STATEMENT The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.							

Standard Form 1034A

Standard Form 1034A Revised October 1987 Department of the Treasury 1 TFM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION			DATE VOUCHER PREPARED		SCHEDULE NO.		
			CONTRACT NUMBER AND DATE		PAID BY		
			REQUISITION NUMBER AND DATE				
PAYEE'S NAME AND ADDRESS			DATE INVOICE RECEIVED		DISCOUNT TERMS		
			PAYEE'S ACCOUNT NUMBER		GOVERNMENT B/L NUMBER		
			SHIPPED FROM TO WEIGHT		GOVERNMENT B/L NUMBER		
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN-TITY	UNIT PRICE		AMOUNT <small>(1)</small>	
				COST	PER		
(Use continuation sheet(s) if necessary) (Payee must NOT use the space below)						TOTAL	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE						DIFFERENCES _____ _____ _____ Amount verified; correct for (Signature or initials)	
MEMORANDUM							
ACCOUNTING CLASSIFICATION							
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER	ON (Name of bank)		
	CASH	DATE					
	\$						
PRIVACY ACT STATEMENT <small>The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.</small>							

Previous edition usable

Standard Form 1035

Standard Form 1035 (EG) September 1973 4 Treasury FRM 2000 1035-110		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL <i>CONTINUATION SHEET</i>				VOUCHER NO. <hr/> SCHEDULE NO. <hr/> SHEET NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT							
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i></small>	QUAN-TITY	UNIT PRICE		AMOUNT	
				COST	PER		

Designed Using Perform Pro, WMS/DICK, Aug 06

Standard Form 1035A

Standard Form No. 1035-A September 1973 4 Treasury FRM 2000 1035-209-01		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL MEMORANDUM CONTINUATION SHEET				VOUCHER NO. <hr/> SCHEDULE NO. <hr/> SHEET NO.	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT							
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUAN- TITY	UNIT PRICE		AMOUNT	
				COST	PER		

Standard Form 1093

**SCHEDULE OF WITHHOLDINGS UNDER THE CONSTRUCTION WAGE RATE
REQUIREMENTS STATUTE (40 U.S.C. CHAPTER 31, SUBCHAPTER IV, §3144)
AND/OR
THE CONTRACT WORK HOURS AND SAFETY STANDARDS STATUTE (40 U.S.C.
CHAPTER 37, §3703)**

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
Office of General Counsel
Davis-Bacon Group
WASHINGTON, DC 20548

Contractor or subcontractor charged
with violations _____

Prime contractor _____

Contract No. _____, _____
(Date)

Report concerning irregularities transmitted to--
_____, _____
(Date)

Deducted from amounts otherwise due the contractor, for deposit to the account "05X6022," covering wages due
the employees whose names, social security numbers, and current addresses are listed on the attached schedule, are
withholdings pursuant to the following laws:

Construction Wage		
Rate Requirements	_____	\$ _____
Statute		
Contract Work Hours and Safety Standards Statute	_____	\$ _____
Total	_____	\$ _____

Forwarded herewith is check No. _____, dated _____
for \$ _____

(Disbursing officer or other administrative official)

STANDARD FORM 1093 (REV. 2/2013)

Standard Form 1094

Book No.

UNITED STATES TAX EXEMPTION FORMS
NSN 7540-01-152-9080
PREVIOUS EDITION NOT USABLE

These Are Accountable Forms

Standard Form 1094

In case this book of United States Tax Exemption Forms is
lost, finder will please put band or string around cover and
mail to:

GENERAL SERVICES ADMINISTRATION
FEDERAL SUPPLY SERVICE
GENERAL PRODUCTS COMMODITY CENTER
ATTN: 7FXM
819 TAYLOR STREET
FORT WORTH TX 76102

Standard Form 1094

<p>U.S. TAX EXEMPTION FORM Read the instructions on the reverse side.</p>	<p>DEPARTMENT, AGENCY, OR OFFICE</p>	<p>SERIAL NO.</p>	
<p>ITEM PURCHASED FOR EXCLUSIVE USE OF THE U.S. GOVERNMENT (Describe)</p>			
<p>VENDOR FROM WHICH PURCHASED</p>	<p>NAME</p> <p>ADDRESS (No., Street, City, State, and Zip Code)</p>	<p>QUANTITY</p> <p>UNIT PRICE (\$)</p>	<p>AMOUNT OF TAX EXCLUDED (\$)</p>
<p>The information on this form is true and correct to the best of my knowledge and belief.</p>		<p>A tax exemption form has not previously been issued and the described item(s) has (have) been delivered and invoiced pursuant to:</p>	<p>STATE</p> <p>LOCAL</p>
<p>PURCHASER'S SIGNATURE, OFFICE TITLE, AND ADDRESS</p>	<p>P.O. OR CONTRACT NO.</p> <p>DATES</p>	<p>FOR ADMINISTRATIVE OFFICE</p> <p>D.O. SYMBOL NO.</p>	
<p>SIGNATURE AND TITLE OF VENDOR'S REPRESENTATIVE</p>	<p>DATE</p>	<p>VOUCHER NO.</p> <p>DATE:</p>	
<p>STANDARD FORM 1094 (REV. 12-96) Prescribed by GSA-FAR (48 CFR) 53.229</p>			

Standard Form 1094 (Back)

INSTRUCTIONS

1. This form will be used to establish the Government's exemption or immunity from State or Local taxes whenever no other evidence is available.
2. This form shall NOT be used for:
 - (a) Purchases of quarters or subsistence made by employees in travel status.
 - (b) Expenses incident to use of a privately owned motor vehicle for which a mileage allowance has been authorized, or
 - (c) Merchandise purchased which is subject only to Federal Tax.
3. If the spaces provided on the face of this form are inadequate, attach a separate statement containing the required information.
4. If both State and local taxes are involved, use a separate form for each tax. The form will be provided to the vendor when the prices exclude State or local tax.
5. The serial number of each form prepared will be shown on the payment voucher.

THE FRAUDULENT USE OF THIS FORM FOR THE PURPOSE OF OBTAINING EXCEPTION FROM OR ADJUSTMENT OF TAXES IS PROHIBITED.

STANDARD FORM 1094 (REV. 12-96) BACK

Standard Form 1094A

TAX EXEMPTION FORMS ACCOUNTABILITY RECORD		To be used for convenience of the issuing agency for maintaining a control record of tax exemption forms issued.			
FROM ▲	THROUGH	TAX EXEMPTION FORMS RETURNED UNUSED FOR REISSUE	▲	FROM	THROUGH
ISSUED TO		REISSUED TO			
NAME					
TITLE					
OFFICE DESIGNATION					
SIGNATURE	DATE ISSUED	SIGNATURE	DATE ISSUED		
ISSUING OFFICER	TITLE AND OFFICE DESIGNATION	ISSUING OFFICER	TITLE AND OFFICE DESIGNATION		

STANDARD FORM 1094A (REV. 12-98)
Prescribed by GSA-FAR (48 CFR) 53.229

Standard Form 1094A (Back)

FORM NO.	DATE	Mark "X" in appropriate column to indicate type of tax	VENDOR NAME AND ADDRESS	ITEM PURCHASED	TAX EXCLUDED (Amount \$)	STATE	LOCAL	TRANSACTION REFERENCE
								Voucher No.:
								Voucher Date:
								PO/Cont. No.:
								Voucher No.:
								Voucher Date:
								PO/Cont. No.:
								Voucher No.:
								Voucher Date:
								PO/Cont. No.:
								Voucher No.:
								Voucher Date:
								PO/Cont. No.:

STANDARD FORM 1094A (REV. 12-96) BACK
 Prescribed by GSA-FAR (48 CFR) 53.229

Standard Form 1165

Standard Form 1165
7 GAO 510c
1165-125

RECEIPT FOR CASH—SUBVOUCHER
(To be used when invoice is not available)

Subvoucher No. _____
DATE _____

INTERIM RECEIPT FOR CASH

DATE _____

Received of Imprest Fund Cashier
\$ _____ for which I hold
myself accountable to the United
States.

(Signature)

Received in cash from _____
and _____ (\$ _____) for the following:

QUANTITY	ARTICLES OR SERVICES	AMOUNT

Vendor _____
Address _____

By _____
(Signature of Vendor/Agent)

Title _____
(DO NOT SIGN IN DUPLICATE)

PURPOSE (Fund, etc.) _____
APPROPRIATION AND ACCOUNTING CLASSIFICATION _____

NOTE TO SIGNER
Be sure this receipt is marked "VOID"
and returned to you when the transaction is
completed or the funds returned to the Cashier.

Standard Form 1402

CERTIFICATION OF APPOINTMENT

Under authority vested in the undersigned and in conformance with Subpart 1.6 of the Federal Acquisition Regulation

is appointed

Contracting Officer

for the

United States of America

Subject to the limitations contained in the Federal Acquisition Regulation and to the following:

Unless sooner terminated, this appointment is effective as long as the appointee is assigned to:

_____ (Organization)

_____ (Agency/Department)

_____ (Signature and Title)

_____ (Date) _____ (No.)

NSN 7540-01-152-5812

STANDARD FORM 1402 (10-83)
Prescribed by GSA - FAR (48 CFR) 53.201-1

Standard Form 1403

PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR (GENERAL)		1. SERIAL NO. <i>(For surveying activity use)</i>	OMB NO.: 9000-0011 Expires: 10/31/97						
Public reporting burden for this collection of information is estimated to average 24 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 of 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 and Regulatory Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0011), Washington, DC 20503.									
SECTION I - REQUEST <i>(For Completion by Contracting Office)</i>									
2. NAME AND ADDRESS OF SURVEYING ACTIVITY		3. SOLICITATION NO.	4. TOTAL OFFERED PRICE \$						
		5. TYPE OF CONTRACT							
6A. NAME AND ADDRESS OF SECONDARY SURVEY ACTIVITY <i>(For surveying activity use)</i>		7A. NAME AND ADDRESS OF PROSPECTIVE CONTRACTOR							
6B. TELEPHONE NO. <i>(Include AUTOVON, WATS, or FTS, if available)</i>		7B. FIRM'S CONTACT	7C. TELEPHONE NO. <i>(with area code)</i>						
8. WILL CONTRACTING OFFICE PARTICIPATE IN SURVEY? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. NAME AND ADDRESS OF PARENT COMPANY <i>(If applicable)</i>							
9. DATE OF REQUEST	10. DATE REPORT REQUIRED								
11. PROSPECTIVE CONTRACTOR REPRESENT THAT IT <input type="checkbox"/> IS, <input type="checkbox"/> IS NOT A SMALL BUSINESS CONCERN.									
12. WALSH-HEALY CON ACT <i>(Check applicable box(es))</i>	A. IS NOT APPLICABLE		14A. PLANT AND LOCATION <i>(If different from Item 7, above)</i>						
	B. IS APPLICABLE AND PROSPECTIVE CONTRACTOR REPRESENTS HIS CLASSIFICATION AS: <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> REGULAR DEALER <input type="checkbox"/> OTHER <i>(Specify)</i>								
15A. NAME OF REQUESTING ACTIVITY CONTRACTING OFFICER		14B. POINT OF CONTACT	14C. TELEPHONE NO. <i>(with area code)</i>						
15B. SIGNATURE		16A. NAME OF CONTACT POINT AT REQUESTING ACTIVITY <i>(If different from Item 15A)</i>							
15C. TELEPHONE NO. <i>(Include AUTOVAN, WATS or FTS, if available)</i>		16B. TELEPHONE NO. <i>(Include AUTOVON, WATS, or FTS, if available)</i>							
17. RETURN PREAWARD SURVEY TO THIS ADDRESS: ATTN:									
SECTION II - DATA <i>(For Completion by Contracting Office)</i>									
18A. ITEM NO.	18B. NATIONAL STOCK NUMBER (NEW) AND NOMENCLATURE	18C. TOTAL QUANTITY	18D. UNIT PRICE	18E. DELIVERY SCHEDULE					
				(a)	(b)	(c)	(d)	(e)	
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						
		SOLICITED							
		OFFERED	\$						

AUTHORIZATION FOR LOCAL REPRODUCTION
Previous edition is usable.

STANDARD FORM 1403 (REV. 9-88)
Prescribed by GSA FAR (48 CFR) 53.209-1(a)

Standard Form 1403 (Back)

SECTION III - FACTORS TO BE INVESTIGATED

19. MAJOR FACTORS	CHK. (a)	SAT. (b)	UN-SAT. (c)	20. OTHER FACTORS <i>(Provide specific requirements in Remarks)</i>	CHK. (a)	SAT. (b)	UN-SAT. (c)
A. TECHNICAL CAPABILITY				A. GOVERNMENT PROPERTY CONTROL			
B. PRODUCTION CAPABILITY				B. TRANSPORTATION			
C. QUALITY ASSURANCE CAPABILITY				C. PACKAGING			
D. FINANCIAL CAPABILITY				D. SECURITY			
E. ACCOUNTING SYSTEM				E. SAFETY			
21. IS THIS A SHORT FORM PREAWARD REPORT? <i>(For completion by surveying activity)</i>				F. ENVIRONMENTAL/ENERGY CONSIDERATION			
<input type="checkbox"/> YES <input type="checkbox"/> NO				G. FLIGHT OPERATIONS/FLIGHT SAFETY			
				22. IS A FINANCIAL ASSISTANCE PAYMENT PROVISION IN THE SOLICITATION? <i>(For completion by contracting activity)</i>			H. OTHER <i>(Specify)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO							
23. REMARKS <i>(For Contracting Activity Use)</i>							

SECTION IV - SURVEYING ACTIVITY RECOMMENDATIONS

24. RECOMMEND <input type="checkbox"/> A. COMPLETE AWARD <input type="checkbox"/> B. PARTIAL AWARD (Quantity _____) <input type="checkbox"/> C. NO AWARD	25A. NAME AND TITLE OF SURVEY APPROVING OFFICIAL <hr/> 25C. SIGNATURE	25B. TELEPHONE NO. <hr/> 25D. DATE
---	--	---

Standard Form 1404

PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR TECHNICAL		SERIAL NO. (For surveying activity use)	OMB NO.: 9000-0011 Expires: 10/31/97
		PROSPECTIVE CONTRACTOR	
Public reporting burden for this collection of information is estimated to average 24 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 of 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 and Regulatory Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0011), Washington, DC 20503.			
1. RECOMMENDED			
<input type="checkbox"/> a. COMPLETE AWARD <input type="checkbox"/> b. PARTIAL AWARD (Quantity: _____) <input type="checkbox"/> c. NO AWARD			
2. NARRATIVE (Include the following information concerning key personnel who will be involved with the prospective contract: (1) Names, qualifications/experience and length of affiliation with prospective contractor; (2) Evaluate technical capabilities with respect to the requirements of the proposed contract or item classifications); (3) Description of any technical capabilities which the prospective contractor lacks. Comment on the prospective contractor's efforts to obtain the needed technical capabilities.)			
IF CONTINUATION SHEETS ATTACHED - MARK HERE <input type="checkbox"/>			
3. FIRM HAS AND/OR UNDERSTANDS (Give explanation for any items marked "NO" in 2. Narrative)			
a. SPECIFICATIONS		<input type="checkbox"/> YES <input type="checkbox"/> NO	b. EXHIBITS
c. DRAWINGS		<input type="checkbox"/> YES <input type="checkbox"/> NO	d. TECHNICAL DATA REQUIREMENTS
4. SURVEY MADE BY	a. SIGNATURE AND OFFICE (Include typed or printed name)		b. TELEPHONE NO. (include area code)
			c. DATE SIGNED
5. SURVEY REVIEWING OFFICIAL	a. SIGNATURE AND OFFICE (Include typed or printed name)		b. TELEPHONE NO. (include area code)
			c. DATE REVIEWED
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable.		STANDARD FORM 1404 (REV. 9-88) Prescribed by GSA - FAR (48 CFR) 53.209-1(b)	

Standard Form 1405

PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR PRODUCTION	SERIAL NO. <i>(For surveying activity use)</i> PROSPECTIVE CONTRACTOR	OMB No.: 9000-0011 Expires: 09/30/91
Public reporting burden for this collection of information is estimated to average 24 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 of 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 and Regulatory Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0011), Washington, DC 20503.		
SECTION I - RECOMMENDATION		
1. RECOMMENDED <input type="checkbox"/> COMPLETE AWARD <input type="checkbox"/> b. PARTIAL AWARD (<i>Quantity: _____</i>) <input type="checkbox"/> c. NO AWARD		
2. NARRATIVE (<i>Cite those sections of this report which substantiate the recommendations. List any other backup information in this space or on attached sheet if necessary. Identify any formal systems reviews and state results.</i>)		
IF CONTINUATION SHEETS ATTACHED - MARK HERE <input type="checkbox"/>		
3. SURVEY MADE BY	a. SIGNATURE AND OFFICE (<i>Include typed or printed name</i>)	b. TELEPHONE NUMBER (<i>Include are code</i>) c. DATE SIGNED
4. SURVEY REVIEWING OFFICIAL	a. SIGNATURE AND OFFICE (<i>Include typed or printed name</i>)	b. TELEPHONE NUMBER (<i>Include are code</i>) c. DATE REVIEWED
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition not usable		STANDARD FORM 1405 (REV. 9-88) Prescribed by GSA-FAR (48 CFR) 53.209-1(c)

Standard Form 1405 (Page 2)

SECTION II - PLANT FACILITIES										
1. SIZE OF TRACT			4. DESCRIPTION AND TYPE OF BUILDING(S)							
2. SQUARE FEET UNDER ROOF		3. NO. OF BUILDINGS	<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <i>(Give expiration date)</i>							
5. SPACE					6. MISCELLANEOUS PLANT OBSERVATIONS					
TYPE		SQUARE FEET	ADE- QUATE	INADE- QUATE	<i>(Explain any items marked "NO" on an attached sheet.)</i>			YES	NO	
MANUFACTURING	a. TOTAL MANUFACTURING SPACE				a. GOOD HOUSEKEEPING MAINTAINED					
	b. SPACE AVAILABLE FOR OFFERED ITEM				b. POWER AND FUEL SUPPLY ADEQUATE TO MEET PRODUCTION					
					c. ALTERNATE POWER AND FUEL SOURCE AVAILABLE					
STORAGE	c. TOTAL STORAGE SPACE				d. ADEQUATE MATERIAL HANDLING EQUIPMENT AVAILABLE					
	d. FOR INSPECTION LOTS				e. TRANSPORTATION FACILITIES AVAILABLE FOR SHIPPING PRODUCT					
	e. FOR SHIPPING QUANTITIES									
	f. SPACE AVAILABLE FOR OFFERED ITEM				f. <i>OTHER (Specify)</i>					
					g.					
					h.					
SECTION III - PRODUCTION EQUIPMENT										
LIST MAJOR EQUIPMENT REQUIRED <i>(Include GFP and annotate it as such)</i>		QUANTITY REQUIRED FOR PROPOSED CONTRACT (b)	TOTAL QTY. REQD. DURING LIFE OF PROPOSED CONTRACT (c)	QUANTITY ON HAND (d)	CONDI- TION (e)			QUANTITY SHORT* <i>(Col. (c) minus (d))</i> (f)	SOURCE, IF NOT ON HAND (g)	VERIFIED DELIVERY DATE (h)
					G	F	P			
1. MANUFACTURING										
2. SPECIAL TOOLING										
3. SPECIAL TEST										
*Coordinateshortageinformationfor financialimplications.										
STANDARD FORM 1405 (REV. 9-88) PAGE 2										

Standard Form 1405 (Page 3)

SECTION IV - MATERIALS, PURCHASED PARTS AND SUBCONTRACTS						
1. PARTS/MATERIALS/SUBCONTRACTS WITH LONGEST LEAD TIME OR CRUCIAL ITEMS						
DESCRIPTION (a)	SOURCE (b)			VERIFIED DELIVERY DATE TO MEET PROD. (c)		
2. DESCRIBE THE MATERIAL CONTROL SYSTEM, INDICATING WHETHER IT IS CURRENTLY OPERATIONAL, AND EVALUATE ITS ABILITY TO MEET THE NEEDS OF THE PROPOSED ACQUISITION.						

SECTION V - PERSONNEL								
1. NUMBER AND SOURCE OF EMPLOYEES					2. SHIFTS ON WHICH WORK IS TO BE PERFORMED			
TYPE OF EMPLOYEES	NO. ON BOARD	ADD. NO. REQUIRED	AVAIL.		SOURCE	<input type="checkbox"/> FIRST	<input type="checkbox"/> SECOND	<input type="checkbox"/> THIRD
			YES	NO		3. UNION AFFILIATION		
a. SKILLED PRODUCTION								
b. UNSKILLED PRODUCTION						AGREEMENT EXPIRATION DATE		
c. ENGINEERING						4. RELATIONSHIP WITH LABOR INDICATES PROBLEMS AFFECTING TIMELY PERFORMANCE OF PROPOSED CONTRACT (If "Yes," explain on attached sheet)		
d. ADMINISTRATIVE						<input type="checkbox"/> YES	<input type="checkbox"/> NO	
e. TOT. (Lines A thru D)								

SECTION VI - DELIVERY PERFORMANCE RECORD						

STANDARD FORM 1405 (REV. 9-88) PAGE 3

Standard Form 1405 (Page 4)

SECTION VII - RELATED PREVIOUS PRODUCTION (Government)						
PAST YEAR PRODUCTION		GOVERNMENT CONTRACT NUMBER*	PERFORMANCE		QUANTITY (f)	DOLLAR VALUE (\$000) (g)
ITEM NOMENCLATURE (a)	NATIONAL STOCK NO. (NSN) (b)		ON SCHED. (d)	DELIN- QUENT (e)		

* Identify identical items by an asterisk (*) after the Government contract number.

SECTION VIII - CURRENT PRODUCTION											
<i>(Government and civilian concurrent production schedule using same equipment and/or personnel as offered item)</i>											
ITEM(S) (Include Government Contract No., if applicable. Identify unsatisfactory performance with asterisk(*).)	MONTHLY SCHEDULE OF CONCURRENT DELIVERIES (Quantity)										
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	BAL.
1. BEING PRODUCED											
2. PENDING AWARD											

SECTION IX - ORGANIZATION AND MANAGEMENT DATA

Provide the following information in SECTION I NARRATIVE:

1. Describe the relationship between management production, and inspection. Attach an organization chart, if available.
2. Describe the prospective contractor's production control system. State whether or not it is operational.
3. Evaluate the prospective contractor's production control system in terms of (a) historical effectiveness, (b) the proposed contract, and (c) total production during performance of the proposed contract.
4. Comment on or evaluate other areas unique to this survey (include all special requests by the contracting office and any other information pertinent to the proposed contractor item classification).

Standard Form 1406

**PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR
QUALITY ASSURANCE**

SERIAL NO. *(For surveying activity use)*

OMB No.: **9000-0011**
Expires: 10/31/2000

PROSPECTIVE CONTRACTOR

Public reporting burden for this collection of information is estimated to average 24 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 of 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 (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

SECTION I - RECOMMENDATION

1. RECOMMEND: AWARD NO AWARD *(Provide full substantiation for recommendation in 4. NARRATIVE)*

2. IF PROSPECTIVE CONTRACTOR RECEIVES AWARD, A POST AWARD CONFERENCE IS RECOMMENDED. YES NO

3. AN ON-SITE SURVEY WAS PERFORMED. YES NO

4. NARRATIVE

IF CONTINUATION SHEETS
ATTACHED - MARK HERE

5. SURVEY MADE BY			6. SURVEY REVIEWING OFFICIAL		
A. SIGNATURE	B. DATE SIGNED		A. SIGNATURE	B. DATE REVIEWED	
C. NAME			C. NAME		
D. OFFICE			D. OFFICE		
E. AREA CODE	F. TELEPHONE NUMBER	G. EXT.	E. AREA CODE	F. TELEPHONE NUMBER	G. EXT.

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition is not usable.

STANDARD FORM 1406 (REV. 11-97)
Prescribed by GSA FAR (48 CFR) 53.209-1(d)

Standard Form 1406 (Back)

SECTION II - COMPANY AND SOLICITATION DATA

1. BRIEFLY DESCRIBE HOW QUALITY ASSURANCE RESPONSIBILITIES ARE ACCOMPLISHED.

2. QUALITY ASSURANCE OFFICIALS CONTACTED

A. NAME	B. TITLE	C. YEARS OF QUALITY ASSURANCE EXPERIENCE

3. APPLICABLE CONTRACT QUALITY REQUIREMENTS

A. NUMBER	B. TITLE	C. TAILORING (If any)

4. IDENTICAL OR SIMILAR ITEMS HAVE BEEN PRODUCED, SUPPLIED, OR SERVICED BY PROSPECTIVE CONTRACTOR

(If similar items, identify: _____)

SECTION III - EVALUATION CHECKLIST

STATEMENTS		YES	NO
1. These items (where applicable to the contract) are understood by the prospective contractor.	A. Exhibits, technical data, drawings, specifications, and approval requirements.		
	B. Preservation, packaging, packing, and marking requirements.		
	C. Other (Specify)		
2. Records available indicate that the prospective contractor has a satisfactory quality performance record during the past twelve (12) months for similar items.			
3. Used, reconditioned, or remanufactured material and former Government surplus material will be furnished by the prospective contractor. (If Yes, explain in Section I NARRATIVE)			
4. Prospective contractor will require unusual assistance from the Government. (If Yes, explain in Section I NARRATIVE)			
5. Did prospective contractor fulfill commitments to correct deficiencies, as proposed on previous surveys, when awarded that contract? (If No, explain in Section I NARRATIVE)			
6. Quality verification personnel	NUMBER SKILLED		
	NUMBER SEMI-SKILLED		
7. Quality verification to production personnel ratio.	RATIO		
	:		
THE FOLLOWING ARE AVAILABLE AND ADEQUATE. (If not applicable, show "N/A" in "Yes" column.)			
8. Inspection and test equipment, gauges, and instruments for first article and production (including solicitation specified equipment).			
9. Calibration/metrology program.			
10. Quality system procedures and controls.			
11. Control of specifications, drawings, changes and modifications, work/process instructions.			
12. System for determining inspection, test, and measurement requirements.			
13. Purchasing: Processes for selecting qualified suppliers and assuring the quality of purchased materials.			
14. Product identification, segregation, traceability, and maintenance.			
15. Government furnished property controls.			
16. Process controls.			
17. Nonconforming product: System for timely identification, disposition, correction of deficiencies, and corrective and preventative action.			
18. Preservation, storage, packaging, packing, marking, and delivery controls.			
19. Records (such as: inspection, test, status, corrective actions, calibration, etc.)			
20. Controls for investigation of customer complaints and correction of deficiencies.			
21. Design controls system.			
22. Computer software (deliverable and/or non-deliverable) quality assurance program.			
23. Management review and internal quality audits.			
24. Quality assurance training program.			
25. Installation and servicing quality assurance program.			
26. Statistical techniques.			

Standard Form 1407

PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR FINANCIAL CAPABILITY	SERIAL NO. (For surveying activity use)	OMB No.: 9000-0011 Expires: 09/30/91	
PROSPECTIVE CONTRACTOR			
Public reporting burden for this collection of information is estimated to average 24 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 of 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 Federal Acquisition and Regulatory Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0011), Washington, DC 20503.			
SECTION I - RECOMMENDATION			
1. RECOMMENDED			
<input type="checkbox"/> a. COMPLETE AWARD <input type="checkbox"/> b. PARTIAL AWARD (Quantity: _____) <input type="checkbox"/> c. NO AWARD			
2. TOTAL OFFERED PRICE			
3. NARRATIVE (Cite those sections of the report which substantiate the recommendation. Give any other backup information in this space or on an additional sheet, if necessary.)			
IF CONTINUATION SHEETS ATTACHED - MARK HERE <input type="checkbox"/>			
4. SURVEY MADE BY	a. SIGNATURE	b. TELEPHONE NUMBER <i>(Include area code)</i>	c. DATE SIGNED
5. SURVEY REVIEWING OFFICIAL	a. SIGNATURE	b. TELEPHONE NUMBER <i>(Include area code)</i>	c. DATE REVIEWED
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable.		STANDARD FORM 1407 (REV. 9-88) Prescribed by GSA - FAR (48 CFR) 53.209-1(e)	

Standard Form 1407 (Page 2)

SECTION II - GENERAL						
1. TYPE OF COMPANY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER (<i>Specify</i>)			3. NAME AND ADDRESS OF: a. PARENT CO. b. SUBSIDIARIES			
2. YEAR ESTABLISHED:						
SECTION III - BALANCE SHEET/PROFIT AND LOSS STATEMENT						
PART A - LATEST BALANCE SHEET			PART B - LATEST PROFIT AND LOSS STATEMENT			
1. DATE	2. FILED WITH		1. CURRENT PERIOD		2. FILED WITH	
			a. FROM	b. TO		
3. FINANCIAL POSITION			3. NET SALES	a. CURRENT PERIOD		\$
a. Cash	\$	b. First prior fiscal year				
b. Accounts Receivable			c. Second prior fiscal year			
c. Inventory			4. NET PROFITS BEFORE TAXES	a. CURRENT PERIOD		\$
d. Other Current Assets				b. First prior fiscal year		
e. Total Current Assets			c. Second prior fiscal year			
f. Fixed Assets			PART C - OTHER			
g. Current Liabilities			1. FISCAL YEAR ENDS (<i>Date</i>):			
h. Long Term Liabilities			2. BALANCE SHEETS AND PROFIT AND LOSS STATEMENTS HAVE BEEN CERTIFIED			
i. Total Liabilities			3. OTHER PERTINENT DATA			
j. Net Worth			a. THROUGH (<i>Date</i>) b. BY (<i>Signature</i>)			
4. WORKING CAPITAL (<i>Current Assets less Current Liabilities</i>)						
5. RATIOS						
a. CURRENT ASSETS TO CURRENT LIABILITIES	b. ACID TEST (<i>Cash, temporary investments held in lieu of cash and current receivables to current liabilities</i>)	c. TOTAL LIABILITIES TO NET WORTH				
SECTION IV - PROSPECTIVE CONTRACTOR'S FINANCIAL ARRANGEMENTS						
Mark "X" in appropriate column.		YES	NO	4. INDEPENDENT ANALYSIS OF FINANCIAL POSITION SUPPORTS THE STATEMENTS SHOWN IN ITEMS 1, 2, AND 3		
1. USE OF OWN RESOURCES				<input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "NO", explain</i>)		
2. USE OF BANK CREDITS						
3. OTHER (<i>Specify</i>)						
SECTION V - GOVERNMENT FINANCIAL AID						
1. TO BE REQUESTED IN CONNECTION WITH PERFORMANCE OF PROPOSED CONTRACT			2. EXPLAIN ANY "YES" ANSWERS TO ITEMS 1a, b, AND c.			
Mark "X" in appropriate column.		YES	NO			
a. PROGRESS PAYMENT(S)						
b. GUARANTEED LOAN						
c. ADVANCE PAYMENTS						
3. FINANCIAL AID CURRENTLY OBTAINED FROM THE GOVERNMENT						
Complete items below only if Item a., is marked "YES."						
a. PROSPECTIVE CONTRACTOR RECEIVES GOVERNMENT FINANCING AT PRESENT	b. IS LIQUIDATION CURRENT?	c. AMOUNT OF UNLIQUIDATED PROGRESS PAYMENTS OUTSTANDING	DOLLAR AMOUNTS	(a) AUTHORIZED	(b) IN USE	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	a. Guaranteed loans	\$	\$	
			b. Advance payments	\$	\$	
4. LIST THE GOVERNMENT AGENCIES INVOLVED			5. SHOW THE APPLICABLE CONTRACT NOS.			

Standard Form 1407 (Page 3)

SECTION VI - BUSINESS AND FINANCIAL REPUTATION

1. COMMENTS OF PROSPECTIVE CONTRACTOR'S BANK

2. COMMENTS OF TRADE CREDITORS

3. COMMENTS AND REPORTS OF COMMERCIAL FINANCIAL SERVICES AND CREDIT ORGANIZATIONS *(Such as, Dun & Bradstreet, Standard and Poor, etc.)*

4. MOST RECENT CREDIT RATING



a. DATE

b. BY

5. DOES PRICE APPEAR UNREALISTICALLY LOW?

YES

NO *(If Yes, explain in Section I NARRATIVE)*

6. DESCRIBE ANY OUTSTANDING LIENS OR JUDGMENTS

SECTION VII - SALES (000'S) FOR NEXT SIX QUARTERS

CATEGORY	1	2	3	4	5	6	TOTAL
1. CURRENT CONTRACT SALES (Backlog)	\$	\$	\$	\$	\$	\$	\$
A. GOVERNMENT (Prime & Subcontractor)							
B. COMMERCIAL							
2. ANTICIPATED ADDITIONAL SALES							
A. GOVERNMENT (Prime & Subcontractor)							
B. COMMERCIAL							
3. TOTALS							

Standard Form 1408

**PREAWARD SURVEY OF PROSPECTIVE CONTRACTOR
ACCOUNTING SYSTEM**

SERIAL NO. *(For surveying activity use)*

OMB No.: 9000-0011
Expires: 10/31/97

PROSPECTIVE CONTRACTOR

Public reporting burden for this collection of information is estimated to average 24 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 of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to FAR Secretariat (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0011), Washington, DC 20503.

SECTION I - RECOMMENDATION

1. PROSPECTIVE CONTRACTOR'S ACCOUNTING SYSTEM IS ACCEPTABLE FOR AWARD OF PROSPECTIVE CONTRACT

YES

NO *(Explain in 2. NARRATIVE)*

YES, WITH A RECOMMENDATION THAT A FOLLOW ON ACCOUNTING SYSTEM REVIEW BE PERFORMED AFTER CONTRACT AWARD
(Explain in 2. NARRATIVE)

2. NARRATIVE *(Clarification of deficiencies, and other pertinent comments. If additional space is required, continue on plain sheets of paper.)*

IF CONTINUATION SHEETS
ATTACHED - MARK HERE

3. SURVEY MADE BY	a. SIGNATURE AND OFFICE <i>(Include typed or printed name)</i>	b. TELEPHONE NO. <i>(include area code)</i>	c. DATE SIGNED
	a. SIGNATURE AND OFFICE <i>(Include typed or printed name)</i>	b. TELEPHONE NO. <i>(include area code)</i>	c. DATE REVIEWED

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition usable

STANDARD FORM 1408 (REV. 9-88)
Prescribed by GSA
FAR (48 CFR) 53.209-1(f)

Standard Form 1408 (Back)

SECTION II - EVALUATION CHECKLIST

MARK "X" IN THE APPROPRIATE COLUMN <i>(Explain any deficiencies in SECTION I NARRATIVE)</i>	YES	NO	NOT APPLICABLE
1. EXCEPT AS STATED IN SECTION I NARRATIVE, IS THE ACCOUNTING SYSTEM IN ACCORD WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES APPLICABLE IN THE CIRCUMSTANCES?			
2. ACCOUNTING SYSTEM PROVIDES FOR:			
a. Proper segregation of direct costs from indirect costs.			
b. Identification and accumulation of direct costs by contract.			
c. A logical and consistent method for the allocation of indirect costs to intermediate and final cost objectives. (A contract is a final cost objective.)			
d. Accumulation of costs under general ledger control.			
e. A timekeeping system that identifies employees' labor by intermediate or final cost objectives.			
f. A labor distribution system that charges direct and indirect labor to the appropriate cost objectives.			
g. Interim (at least monthly) determination of costs charged to a contract through routine posting of books of account.			
h. Exclusion from costs charged to government contracts of amounts which are not allowable in terms of FAR31, Contract Cost Principles and Procedures, or other contract provisions.			
i. Identification of costs by contract line item and by units (as if each unit or line item were a separate contract) if required by the proposed contract.			
j. Segregation of preproduction costs from production costs.			
3. ACCOUNTING SYSTEM PROVIDES FINANCIAL INFORMATION:			
a. Required by contract clauses concerning limitation of cost (FAR52.232-20 and 21) or limitation on payments (FAR52.216-16).			
b. Required to support requests for progress payments.			
4. IS THE ACCOUNTING SYSTEM DESIGNED, AND ARE THE RECORDS MAINTAINED IN SUCH A MANNER THAT ADEQUATE, RELIABLE DATA ARE DEVELOPED FOR USE IN PRICING FOLLOW-ON ACQUISITIONS?			
5. IS THE ACCOUNTING SYSTEM CURRENTLY IN FULL OPERATION? (If not, describe in Section I Narrative which portions are (1) in operation, (2) set up, but not yet in operation, (3) anticipated, or (4) nonexistent.)			

Standard Form 1409

ABSTRACT OF OFFERS	SOLICITATION NO.	OPENING DATE	PAGE	OF	PAGES							
ISSUING OFFICE												
SUPPLIES OR SERVICES (General Description)												
NO.	NAME OF OFFEROR	AC- CEPT- ANCE* TIME* (Days)	BUSI- NESS SIZE	ITEM NO.	QUANTITY	UNIT	\$	\$	\$	DELIV- ERY TIME**	F.O.B. POINT	REMARKS
I CERTIFY THAT I HAVE OPENED, READ AND RECORDED ON THIS ABSTRACT (AND CONTINUATION SHEETS, IF ANY) ALL OFFERS RECEIVED IN RESPONSE TO THE SOLICITATION. TYPED NAME AND TITLE												
* Indicate by an X a 60-day acceptance. ** Indicate by an X if offer conforms to delivery time specified in solicitation. SIGNATURE												
DATE												
STANDARD FORM 1409 (REV. 9-88) Prescribed by GSA - FAR (48 CFR) 53.214(f)												
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable												

Standard Form 1413

STATEMENT AND ACKNOWLEDGMENT					OMB No.: 9000-0014 Expires: 6/30/2014
<p>PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average .05 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 of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0014, Office of Governmentwide Acquisition Policy, 1800 F Street, NW, Washington, DC 20405.</p>					
PART I - STATEMENT OF PRIME CONTRACTOR					
1. PRIME CONTRACT NO.		2. DATE SUBCONTRACT AWARDED		3. SUBCONTRACT NUMBER	
4. PRIME CONTRACTOR			5. SUBCONTRACTOR		
a. NAME			a. NAME		
b. STREET ADDRESS			b. STREET ADDRESS		
c. CITY		d. STATE	e. ZIP CODE	c. CITY	
6. The prime contract <input type="checkbox"/> does, <input type="checkbox"/> does not contain the clause entitled "Contract Work Hours and Safety Standards Act -- Overtime Compensation."					
7. The prime contractor states that under the contract shown in Item 1, a subcontract was awarded on the date shown in Item 2 to the subcontractor identified in item 5 by the following firm:					
a. NAME OF AWARDING FIRM					
b. DESCRIPTION OF WORK BY SUBCONTRACTOR					
8. PROJECT			9. LOCATION		
10a. NAME OF PERSON SIGNING		11. BY (Signature)		12. DATE SIGNED	
10b. TITLE OF PERSON SIGNING					
PART II - ACKNOWLEDGMENT OF SUBCONTRACTOR					
13. The subcontractor acknowledges that the following clauses of the contract shown in Item 1 are included in this subcontract:					
Contract Work Hours and Safety Standards Act - Overtime Compensation (If included in prime contract see Block 6) Payrolls and Basic Records Withholding of Funds Disputes Concerning Labor Standards Compliance with Construction Wage Rate Requirements and Related Regulations			Construction Wage Rate Requirements Apprentices and Trainees Compliance with Copeland Act Requirements Subcontracts (Labor Standards) Contract Termination - Debarment Certification of Eligibility		
14. NAME(S) OF ANY INTERMEDIATE SUBCONTRACTORS, IF ANY					
A			C		
B			D		
15a. NAME OF PERSON SIGNING		16. BY (Signature)		17. DATE SIGNED	
15b. TITLE OF PERSON SIGNING					
AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION IS NOT USABLE					
STANDARD FORM 1413 (REV. 4/2013) Prescribed by GSA/FAR (48 CFR) 53.222(e)					

Standard Form 1414

CONSENT OF SURETY	1. CONTRACT NUMBER	2. MODIFICATION NUMBER	3. DATED
--------------------------	--------------------	------------------------	----------

The Surety (Co-Sureties) consents (consent) to the foregoing contract modification and agrees (agree) that its (their) bond or bonds shall apply and extend to the contract as modified or amended.

4. INDIVIDUAL PRINCIPAL	a. NAME OF PRINCIPAL			c. SIGNATURE		<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME		
	STREET ADDRESS			e. TYPED TITLE		
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED		
5. CORPORATE PRINCIPAL	a. CORPORATE NAME			c. PERSON EXECUTING CONSENT <i>(Signature)</i>		<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME		
	STREET ADDRESS			e. TYPED TITLE		
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED		

6. CORPORATE/INDIVIDUAL SURETY (CO-SURETIES)

The Principal or authorized representative shall execute this consent of surety with the modification to which it pertains. If the representative (e.g., attorney-in-fact) that signs the consent is not a member of the partnership, or joint venture, or an officer of the corporation involved, a Power-of-Attorney or a Certificate of Corporate Principal must accompany the consent.

A	a. CORPORATE/INDIVIDUAL SURETY'S NAME			c. PERSON EXECUTING CONSENT <i>(Signature)</i>		<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME		
	STREET ADDRESS			e. TYPED TITLE		
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED		
B	a. CORPORATE/INDIVIDUAL SURETY'S NAME			c. PERSON EXECUTING CONSENT <i>(Signature)</i>		<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME		
	STREET ADDRESS			e. TYPED TITLE		
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED		
C	a. CORPORATE/INDIVIDUAL SURETY'S NAME			c. PERSON EXECUTING CONSENT <i>(Signature)</i>		<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME		
	STREET ADDRESS			e. TYPED TITLE		
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED		

(Add similar signature blocks on the back of this form if necessary for additional co-Sureties)

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition is usable

STANDARD FORM 1414 (REV. 5-97)
Prescribed by GSA - FAR (48 CFR) 53.228(k)

Standard Form 1415

CONSENT OF SURETY AND INCREASE OF PENALTY		1. CONTRACT NUMBER	2. MODIFICATION NUMBER	3. DATED
<p>4. The surety (co-sureties) consents (consent) to the foregoing contract modification and agrees (agree) that its (their) bond or bonds shall apply and extend to the contract as modified or amended. The principal and surety (co-sureties) further agree that on or after the execution of this consent, the penalty of the performance bond or bonds increased by _____ dollars (\$ _____) and the penalty of the payment bond or bonds is increased by _____ dollars (\$ _____). However, the increase of the liability of each co-surety resulting from this consent shall not exceed the sums shown below.</p>				
5. NAME OF SURETY(IES)		6. INCREASE IN LIABILITY LIMIT UNDER	7. INCREASE IN LIABILITY LIMIT UNDER	
A.		\$	\$	
B.		\$	\$	
C.		\$	\$	
8. INDIVIDUAL PRINCIPAL	A. BUSINESS ADDRESS		B. SIGNATURE	
			C. TYPED NAME AND TITLE <i>(Affix Seal)</i>	
			D. DATE THIS CONSENT EXECUTED	
9. CORPORATE PRINCIPAL	A. CORPORATE NAME AND BUSINESS ADDRESS		B. PERSON EXECUTING CONSENT <i>(Signature)</i>	
			BY	
			C. TYPED NAME AND TITLE <i>(Affix Corporate Seal)</i>	
			D. DATE THIS CONSENT EXECUTED	
<p>The Principal or authorized representative shall execute this Consent of Surety with the modification to which it pertains. If the representative (e.g., attorney-in-fact) that signs the consent is not a member of the partnership, or joint venture, or an officer of the corporation involved, a Power-of-Attorney or a Certificate of Corporate Principal must accompany the consent.</p>				
10. CORPORATE/INDIVIDUAL SURETY (CO-SURETIES)				
A	A. CORPORATE/INDIVIDUAL SURETY'S NAME AND ADDRESS		B. PERSON EXECUTING CONSENT <i>(Signature)</i>	
			BY	
			C. TYPED NAME AND TITLE <i>(Affix Corporate Seal)</i>	
			D. DATE THIS CONSENT EXECUTED	
B	A. CORPORATE/INDIVIDUAL SURETY'S NAME		B. PERSON EXECUTING CONSENT <i>(Signature)</i>	
			BY	
			C. TYPED NAME AND TITLE <i>(Affix Corporate Seal)</i>	
			D. DATE THIS CONSENT EXECUTED	
C	A. CORPORATE/INDIVIDUAL SURETY'S NAME		B. PERSON EXECUTING CONSENT <i>(Signature)</i>	
			BY	
			C. TYPED NAME AND TITLE <i>(Affix Corporate Seal)</i>	
			D. DATE THIS CONSENT EXECUTED	
Add similar signature blocks on the back of this form if necessary for additional co-sureties.				
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable			STANDARD FORM 1415 (REV. 7-1993) Prescribed by GSA-FAR (48 CFR) 53.228(i)	

Standard Form 1416

PAYMENT BOND FOR OTHER THAN CONSTRUCTION CONTRACTS <i>(See instructions on reverse)</i>	DATE BOND EXECUTED <i>(Must not be later than bid opening date)</i>	OMB NO.: 9000-0045																
Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of 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 (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.																		
PRINCIPAL <i>(Legal name and business address)</i>	TYPE OF ORGANIZATION <i>(“X” one)</i> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION STATE OF INCORPORATION _____																	
SURETY(IES) <i>(Name(s) and business address(es)) (Include ZIP code)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center; font-size: small;">PENAL SUM OF BOND</th> </tr> <tr> <th style="width: 25%; font-size: x-small;">MILLION(S)</th> <th style="width: 25%; font-size: x-small;">THOUSAND(S)</th> <th style="width: 25%; font-size: x-small;">HUNDRED(S)</th> <th style="width: 25%; font-size: x-small;">CENTS</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 50%; font-size: x-small;">CONTRACT DATE</th> <th style="width: 50%; font-size: x-small;">CONTRACT NO.</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		PENAL SUM OF BOND				MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS					CONTRACT DATE	CONTRACT NO.		
PENAL SUM OF BOND																		
MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS															
CONTRACT DATE	CONTRACT NO.																	

We, the Principal and Surety(ies) are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The Principal has entered into the contract identified above.

THEREFORE:

(a) The above obligation is void if the Principal promptly makes payment to all persons (claimants) having a contract relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above and any duly authorized modifications thereof. Notice of those modifications to the Surety(ies) are waived.

(b) The above obligation shall remain in full force if the Principal does not promptly make payments to all persons (claimants) having a contract relationship with the principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the contract identified above. In these cases, persons not paid in full before the expiration of ninety (90) days after the date of which the last labor was performed or material furnishing, have a direct right of action against the principal and Surety(ies) on this bond for the sum or sums justly due. The claimant, however, may not bring a suit or any action -

(1) Unless claimant, other than one having a direct contract with the Principal, had given written notice to the Principal within ninety (90) days after the claimant did or performed the last of the work or labor, or furnished or supplied the last of the materials for which the claim is made. The notice is to state with substantial accuracy the amount claimed and the name of the party to whom the materials were furnished or supplied, or for whom the work or labor was done or performed. Such notice shall be served by mailing the same by registered or certified mail, postage prepaid, in an envelope addressed to the Principal at any place where an office is regularly maintained for the transaction of business, or served in any manner in which legal process is served in the state in which the contract is being performed, save that such service need not be made by a public officer.

(2) After the expiration one (1) year following the date on which claimant did or performed the last of the work or labor, or furnished or supplied the last of the materials for which the suit is brought.

(3) Other than in the United States District court for the district in which the the contract, or any part thereof, was performed and executed, and not elsewhere.

WITNESS:

The Principal and Surety(ies) executed this bid bond and affixed their seals on the above date.

AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable	STANDARD FORM 1416 (REV. 10-98) Prescribed by GSA - FAR (48 CFR) 53.228(m)
---	--

Standard Form 1416 (Back)

PRINCIPAL				
SIGNATURE(S)	1.	2.	3.	<i>Corporate Seal</i>
	<i>(Seal)</i>	<i>(Seal)</i>	<i>(Seal)</i>	
NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.	3.	
INDIVIDUAL SURETY(IES)				
SIGNATURE(S)	1.	2.		<i>(Seal)</i>
		<i>(Seal)</i>		
NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
CORPORATE SURETY(IES)				
SURETY A	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$
	SIGNATURE(S)	1.	2.	
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.	
SURETY B	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$
	SIGNATURE(S)	1.	2.	
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.	

INSTRUCTIONS

1. This form is authorized for use when payment bonds are required under FAR (48 CFR) 28.103-3, i.e., payment bonds for other than construction contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designed "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.

 (b) Where individual Sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28), for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financial capability.
4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal"; and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
5. Type the name and title of each person signing this bond in the space provided.

Standard Form 1418

PERFORMANCE BOND FOR OTHER THAN CONSTRUCTION CONTRACTS <i>(See instructions on reverse)</i>		DATE BOND EXECUTED <i>(Must be same or later than date of contract)</i>	OMB No.:9000-0045	
Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of 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 (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405				
PRINCIPAL <i>(Legal name and business address)</i>		TYPE OF ORGANIZATION <i>(“X” one)</i>		
		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION		
		STATE OF INCORPORATION _____		
SURETY(IES) <i>(Name(s) and business address(es))</i>		PENAL SUM OF BOND		
		MILLION(S)	THOUSAND(S)	HUNDRED(S) CENTS
		CONTRACT DATE		CONTRACT NO.
		OPTION DATE		OPTION NO.
OBLIGATION:				
We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.				
CONDITIONS:				
The Principal has entered into the contract identified above.				
THEREFORE:				
The above obligation is void if the Principal: (1) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of the contract during either the base term or an optional term of the contract and any extensions thereof that are granted by the Government, with or without notice to the Surety(ies), and during the life of any guaranty required under the contract, and (2) performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(ies) is waived.				
The guaranty for a base term covers the initial period of performance of the contract and any extensions thereof excluding any options. The guaranty for an option term covers the period of performance for the option being exercised and any extensions thereof.				
The failure of a surety to renew a bond for any option term shall not result in a default of any bond previously furnished covering any base or option term.				
WITNESS:				
The Principal and Surety(ies) executed this performance bond and affixed their seals on the above date.				
PRINCIPAL				
SIGNATURE(S)	1.	2.		Corporate Seal
		(Seal)	(Seal)	
NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
INDIVIDUAL SURETY(IES)				
SIGNATURE(S)	1.	2.		(Seal)
		(Seal)	(Seal)	
NAME(S) <i>(Typed)</i>	1.	2.		
CORPORATE SURETY(IES)				
SURETY A	NAME & ADDRESS	STATE OF INC.		LIABILITY LIMIT
				\$
	SIGNATURE(S)	1.	2.	
NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition not usable

STANDARD FORM 1418 (REV. 2-99)
Prescribed by GSA-FAR (48 CFR) 53.228(b)

Standard Form 1418 (Back)

SURETY B	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY C	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY D	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY E	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY F	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		
SURETY G	NAME & ADDRESS		STATE OF INC.	LIABILITY LIMIT \$	Corporate Seal
	SIGNATURE(S)	1.	2.		
	NAME(S) & TITLE(S) <i>(Typed)</i>	1.	2.		

BOND PREMIUM	▶	RATE PER THOUSAND (\$)	TOTAL (\$)
---------------------	---	------------------------	------------

INSTRUCTIONS

1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the coporation involved.
3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitation listed therein. Where more than one corporate surety is involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identification of the sureties.
 - (b) Where individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety, shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning their financial capability.
4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the word "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
5. Type the name and title of each person signing this bond in the space provided.
6. Unless otherwise specified, the bond shall be submitted to the contracting office that awarded the contract.

Standard Form 1420

[Standard Form 1420 has been removed.]

Standard Form 1421

[Standard Form 1421 has been removed.]

Standard Form 1423

INVENTORY VERIFICATION SURVEY (See FAR 45.602-1(b)(1))				DATE			
SECTION I - GENERAL							
1. FROM: (Include ZIP Code)			2. TO: (Include ZIP Code)				
3. CONTRACT NUMBER AND TYPE			4. CONTRACTOR/SUBCONTRACTOR				
5A. SCHEDULES OF INVENTORY TO BE INSPECTED AND VERIFIED			5B. PLANT CLEARANCE CASE NUMBER/DOCUMENT NUMBER				
REFERENCE NUMBER	PAGES		AMOUNT (\$)				
	START NO.	END NO.					
SECTION II - TECHNICAL VERIFICATION							
6. IS PROPERTY LISTED ON THE INVENTORY DISPOSAL SCHEDULES ON HAND AND IN THE QUANTITIES INDICATED?		YES	NO	12. ARE THE WEIGHTS OF THE ITEMS APPROXIMATELY CORRECT? IF WEIGHTS ARE NOT SHOWN, GIVE ESTIMATE OF WEIGHT BY BASIC MATERIAL CONTENT:		YES	NO
			*				*
7. IS THE PROPERTY CORRECTLY DESCRIBED ON THE INVENTORY DISPOSAL SCHEDULES?			*				
8. IS THE PROPERTY SEGREGATED OR ADEQUATELY PROTECTED?			*	13. DO THE ITEMS APPEAR TO HAVE COMMERCIAL VALUE OTHER THAN SCRAP?		*	*
9. IS THE PROPERTY PROPERLY TAGGED?			*	14. DID CONTRACTOR MAKE REASONABLE EFFORTS TO RETURN THE PROPERTY?			*
10. ARE THE CONDITION CODES ACCURATE?			*	15. DO ANY ITEMS REQUIRE DEMILITARIZATION OR SPECIAL PROCESSING (sensitive items)?			*
11. IS THE PROPERTY CLASSIFICATION CORRECTLY IDENTIFIED?			*	16. ARE COMMON ITEMS INCLUDED ON THE INVENTORY DISPOSAL SCHEDULE?			*
SECTION III - TERMINATION INVENTORY							
COMPLETION OF THIS SECTION		<input type="checkbox"/>	IS	<input type="checkbox"/>	IS NOT REQUIRED (Requester, check one)		
17. DID WORK STOP PROMPTLY UPON RECEIPT OF THE TERMINATION NOTICE? DATE OF NOTICE: _____		YES	NO	20. DOES THE INVENTORY INCLUDE REJECTS? IF YES, EXPLAIN SPECIFIC LINE ITEM ENTRIES. OBTAIN FROM CONTRACTOR ESTIMATED COST OF REWORKING REJECTS ON SPECIFIC LINE ITEM BASIS.		YES	NO
			*				*
18a. DO THE QUANTITIES OF MATERIAL EXCEED THE AMOUNTS THAT WOULD HAVE BEEN REQUIRED TO COMPLETE THE TERMINATED PORTION OF THE CONTRACT?			*	21a. HAVE COMPLETED ARTICLES BEEN INSPECTED AS TO QUALITY AND CONFORMANCE TO SPECIFICATIONS?			*
b. CAN THE ITEMS OF TERMINATION INVENTORY BE USED ON THE CONTINUING PORTION OF THE CONTRACT?			*	b. DO THE COMPLETED ITEMS INSPECTED CONFORM TO CONTRACT SPECIFICATIONS?			*
			*	c. DO OTHER THAN COMPLETED ITEMS CONFORM WITH TECHNICAL REQUIREMENTS OF THE CONTRACT OR ORDER?			*
19. ARE ALL ITEMS AND QUANTITIES ALLOCABLE TO THE TERMINATION PORTION OF THIS CONTRACT OR ORDER?			*	22. FOR WORK-IN-PROCESS, IS THE PERCENTAGE OF COMPLETION ACCURATE?			*
23. REQUESTING OFFICE REMARKS (Where the answer to any question is placed in a block containing an asterisk (*) detailed comments of the verifier shall be included on the reverse of this form and identified by section and item number.)							
24. SIGNATURE OF REQUESTER							
INVENTORY VERIFICATION The above information is based on a physical verification of inventory listed under Item 5.							
25. NAME AND TITLE			26. SIGNATURE OF VERIFIER			27. DATE	
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition not usable				STANDARD FORM 1423 (REV. 5/2004) Prescribed by GSA-FAR (48 CFR) 53.245(c)			

Standard Form 1424

INVENTORY DISPOSAL REPORT (See FAR 45.605)			PLANT CLEARANCE CASE NUMBER	
TO: (Include ZIP Code)		FROM: (Include ZIP Code)		
1. DATE PLANT CLEARANCE CASE OPENED	2. DATE PLANT CLEARANCE CASE CLOSED	3. NUMBER OF DAYS BETWEEN OPENING AND CLOSING		
4. NAME AND ADDRESS OF CONTRACTOR/SUBCONTRACTOR (Include ZIP Code)		5. IF SUBCONTRACTOR, STATE NAME AND ADDRESS OF PRIME CONTRACTOR (Include ZIP Code)		
6. LOCATION OF PROPERTY (City and State)		7. CONTRACT NUMBER	8. DOCKET NUMBER (Termination only)	
		9. SUBCONTRACT NUMBER	10. CONTRACTOR REFERENCE NUMBER	
DISPOSITION OF PROPERTY				
ITEM DESCRIPTION	LINE ITEMS	ACQUISITION COST	PROCEEDS	
11. TOTAL INVENTORY AS SUBMITTED				
12. ADJUSTMENTS (Pricing errors, shortages, etc.)				
13. ADJUSTED INVENTORY (Line 11 + or - Line 12)				
14. PURCHASE OR RETENTION AT COST				
15. RETURN TO SUPPLIERS (Net Proceeds)				
16. REDISTRIBUTIONS				
A. WITHIN OWNING AGENCY				
B. OTHER AGENCIES				
TOTAL				
17. DONATIONS				
18. SALES				
19. SALES - SCRAP PROCEEDS TO OVERHEAD				
20.				
21.				
22. TOTAL PROCEEDS CREDIT (Total Lines 14, 15, and 18)				
23. ABANDONED				
24. DESTROYED/ABANDONED				
25. DESTROYED/SCRAPPED				
26. OTHER (Explain in Item 28, Remarks)				
27. TOTAL DISPOSITIONS				
28. REMARKS (Identify contract number in which proceeds were applied, or disbursing office where proceeds were deposited)				
To the best of my knowledge, disposition of all property on this case has been effected in accordance with existing regulations, all property has been accounted for and all disposal credits properly applied.				
CONTRACT ADMINISTRATION OFFICE (Authorized signature and title)			DATE	
<small>AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is not usable</small>			<small>STANDARD FORM 1424 (REV. 5/2004) Prescribed by GSA - FAR (48 CFR) 53.245(d)</small>	

Standard Form 1427

INVENTORY SCHEDULE A - CONTINUATION SHEET (METALS IN MILL PRODUCT FORM)														
TYPE			DATE			OMB No.: 9000-0015 Expires: 04/30/92								
<input type="checkbox"/> TERMINATION			<input type="checkbox"/> NONTERMINATION											
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of 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 and Regulatory Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0015), Washington, DC 20503.														
GOVERNMENT PRIME CONTRACT NO.			SUBCONTRACT OR P.O. NO.			PROPERTY CLASSIFICATION		PAGE NO.		NO. OF PAGES				
FOR USE OF CONTRACTING AGENCY ONLY	ITEM NO.	FORM, SHAPE, ROLLING TREATMENT (b)	HEAT TREATMENT, TEMPER, HARDNESS, FINISH, ETC. (b1)	SPECIFICATIONS, AND ALLOY OR OTHER VARIABLE DESIGNATION IN THE SPECIFICATION (b2)	DIMENSIONS			CONDITION (Use code)	QUANTITY (d)	UNIT OF MEASURE (d1)	COST		CONTRACTOR'S OFFER (g)	FOR USE OF CONTRACTING AGENCY ONLY
					THICKNESS (b3)	WIDTH (b4)	LENGTH (b5)				UNIT (e)	TOTAL (f)		
					FEET/ METER	INCHES/ CM								

STANDARD FORM 1427 (REV. 7-89)
Prescribed by GSA-FAR (48 CFR) 53.245(f)

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition is usable

Standard Form 1428

INVENTORY DISPOSAL SCHEDULE (See Reverse for Instructions) (See FAR 52.245 - 1 (i))		1. TYPE (Check block(s) where applicable) <input type="checkbox"/> TERMINATION <input type="checkbox"/> INVENTORY <input type="checkbox"/> FINAL SCHEDULE		2. SCHEDULE REFERENCE NUMBER	PAGE NO.	NO. OF PAGES	OMB No.: 9000-0075 Expires: 2/28/2010				
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of 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 (V/R), Regulatory and Federal Assistance Division, GSA, Washington, DC 20405.											
3. PRIME CONTRACT NO.		4. SUBCONTRACTOR'S C. NO.		5. CONTRACT TYPE		6. TERM DOCKET NUMBER					
7. TOTAL LINE ITEMS		8. TOTAL ACQUISITION COST									
9a. CAGE CODE (b) PRIME CONTRACTOR (Part of Contract)		10a. CAGE CODE		10b. SUBCONTRACTOR (Part of Contract)							
9c. STREET ADDRESS		10c. STREET ADDRESS									
9d. CITY, STATE, AND ZIP CODE		10d. CITY, STATE, AND ZIP CODE									
11a. LOCATION OF PROPERTY		11b. POINT OF CONTACT FOR PROPERTY		12. PRODUCT COVERED BY CONTRACT/ORDER							
13. ITEM NO.	14. ITEM DESCRIPTION	15. GOVT FINANCING CONTRACTOR ACQUIRED	16. DNL CODE	17. PROPERTY CLASSIFICATION	18. GOVERNMENT PART OR DRAWING NUMBER AND REVISION NUMBER	19. CONDITION CODE	20. QUANTITY	21. UNIT OF MEASURE	22. COST		23. CONTRACTOR'S OFFER
									UNIT (e)	TOTAL (b)	
24a. SIGNATURE OF CONTRACTOR SUBMITTING SCHEDULE		24b. NAME OF CONTRACTOR SUBMITTING SCHEDULE		24c. TITLE		24d. DATE					
AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION IS NOT USABLE											
STANDARD FORM 1428 (REV. 6/2007) Prescribed by GSA-FAR (48 CFR) 53.245(e) and 53.249(b)											

Standard Form 1428 (Back)

INSTRUCTIONS

The Contractor shall submit all schedules to the Plant Clearance Officer.

Manual submissions. Prepare a separate schedule for items in each property classification (block 17) and a separate schedule for scrap. Submit an original and 2 copies of each scrap schedule and continuation sheet (SF 1429). For other schedules, an original and 7 copies are required.

Electronic submissions. Group all items of the same property classification. Submit separate schedules for scrap.

General Instructions.

BLOCKS 1, 2 & 4 - Self-explanatory.

BLOCK 3 - PRIME CONTRACT NO. (For contract modifications and BOAs). If the property applies solely to one contract modification indicate the modification number after the contract number. For task orders and orders under basic ordering agreements, enter the contract number or BOA number followed by the order number under which the property is accountable.

BLOCK 5 - CONTRACT TYPE. Use one of the following codes:

J - Fixed-Price
O - Other
S - Cost-Reimbursement
Y - Time-and-Material
Z - Labor-Hour
9 - Task Order Contracts and Orders under Basic Ordering Agreements (BOAs)

BLOCKS 6 - 8 - Self-explanatory.

BLOCKS 9a and 10a - CAGE CODE. Enter the Commercial and Government Entity code when applicable.

BLOCKS 9b-d, 10b-d, and 11a-13 - Self-explanatory.

BLOCK 14 - ITEM DESCRIPTION. Describe each item in sufficient detail to permit the Government to determine its appropriate disposition. Scrap may be described as a lot including metal content, estimated weight and estimated acquisition cost. For all other property, provide the information required by FAR 52.245 - 1 (f)(1)(iii). List the national stock number (NSN) first. For the following, also provide:

Special tooling and special test equipment. Identify each part number with which the item is used.
Computers, components thereof, peripheral and related equipment. The manufacturer's name, model and serial number, and date manufactured.
Work in process. The estimated percentage of completion.
Precious metals. The metal type and estimated weight.
Hazardous material or property contaminated with hazardous material. The type of hazardous material.

Metals in mill product form. The form, shape, treatments, hardness, temper, specification (commercial or Government), and dimensions (thickness, width, and length).

BLOCK 15 - GOVERNMENT FURNISHED/CONTRACTOR ACQUIRED. Per line item, enter one of the following:

GF - Government furnished
CA - Contractor acquired

BLOCK 16 - DML CODE. (Demilitarization code). If applicable, enter the code specified in DoD 4160.21-M-1.

BLOCK 17 - PROPERTY CLASSIFICATION. Use one of the following classifications for each line item:

EQ - Equipment
M - Material
STE - Special test equipment
ST - Special tooling

In addition, when applicable, list one of the following sub classifications for each line item below the property classification:

COM - Computers, peripherals, etc.
AAE - Arms, ammunition and explosives
PM - Precious metals
HAZ - Hazardous materials
ME - Metals in mill product form
WIP - Work in process
CL - Classified

BLOCK 18 - Self-explanatory.

BLOCK 19 - CONDITION CODE. Assign one of the following codes to each item:

Code 1. Property which is in new condition or unused condition and can be used immediately without modifications or repairs.
Code 4. Property which shows some wear, but can be used without significant repair.
Code 7. Property which is unusable in its current condition but can be economically repaired.
Code X. Property which has value in excess of its basic material content, but repair or rehabilitation is impractical and/or uneconomical.
Code S. Property has no value except for its basic material content.

BLOCKS 20 - 22 - Self-explanatory.

BLOCK 23 - CONTRACTOR'S OFFER. The Contractor's offer to purchase the item if it survives screening.

STANDARD FORM 1428 (REV. 6/2007) BACK

Standard Form 1429

INVENTORY DISPOSAL SCHEDULE - CONTINUATION SHEET		PAGE NO.	NO. OF PAGES	OMB No.: 9000-0075 Expires: 10/31/2006
13. ITEM NO.	14. ITEM DESCRIPTION	15. GOVT. FURNISHED/ CONTRACTOR ACQUIRED	16. DML CODE	17. PROPERTY CLASSIFI- CATION
		18. GOVERNMENT PART OR DRAWING NUMBER AND REVISION NUMBER	19. CONDITION CODE	20. QUAN- TITY
		21. UNIT OF MEASURE	22. COST UNIT (a)	23. CONTRACTOR'S OFFER
			TOTAL (b)	

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of 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 (MVA), Regulatory and Federal Assistance Publications Division, GSA, Washington, DC 20405.

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition not usable

STANDARD FORM 1429 (REV. 5/2004)
Prescribed by GSA-FAR (48 CFR) 53.245(e) and 53.249(b)

Standard Form 1435

SETTLEMENT PROPOSAL (INVENTORY BASIS)				OMB No.: 9000-0012 Expires: 05/31/98		
Public reporting burden for this collection of information is estimated to average 2.5 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 of 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 (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.						
FOR USE BY A FIXED-PRICE PRIME CONTRACTOR OR FIXED-PRICE SUBCONTRACTOR						
THIS PROPOSAL APPLIES TO <i>(Check one)</i> <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT SUBCONTRACT OR PURCHASE ORDER NO(S).			COMPANY			
<input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER			STREET ADDRESS			
CONTRACTOR WHO SENT NOTICE OF TERMINATION			CITY AND STATE <i>(Include ZIP Code)</i>			
NAME			NAME OF GOVERNMENT AGENCY			
ADDRESS <i>(Include ZIP Code)</i>			GOVERNMENT PRIME CONTRACT NO.		CONTRACTOR'S REFERENCE NO.	
If moneys payable under the contract have been assigned, give the following:			EFFECTIVE DATE OF TERMINATION			
NAME OF ASSIGNEE			PROPOSAL NO.			
ADDRESS <i>(Include ZIP Code)</i>			CHECK ONE <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL			
SF 1439, SCHEDULE OF ACCOUNTING INFORMATION <input type="checkbox"/> IS			<input type="checkbox"/> IS NOT ATTACHED <i>(If not, explain below)</i>			
SECTION I - STATUS OF CONTRACT OR ORDER AT EFFECTIVE DATE OF TERMINATION						
PRODUCTS COVERED BY TERMINATED CONTRACT OR PURCHASE ORDER (a)		FINISHED		UNFINISHED OR NOT COMMENCED		TOTAL COVERED BY CONTRACT OR ORDER (g)
		PREVIOUSLY SHIPPED AND INVOICED (b)	PAYMENT TO BE RECEIVED THROUGH INVOICING (c)	ON HAND INCLUDED IN THIS PROPOSAL (d)	TO BE COMPLETED <i>(Partial termination only)</i> (e)	
QUANTITY						
\$						
QUANTITY						
\$						
QUANTITY						
\$						
SECTION II - PROPOSED SETTLEMENT						
NO.	ITEM (a)	(Use Columns (b) and (c) only where previous proposal has been filed)		TOTAL PROPOSED TO DATE (d)	FOR USE OF CONTRACTING AGENCY ONLY (e)	
		TOTAL PREVIOUSLY PROPOSED (b)	INCREASE OR DECREASE BY THIS PROPOSAL (c)			
1	METALS					
2	RAW MATERIALS <i>(other than metals)</i>					
3	PURCHASED PARTS					
4	FINISHED COMPONENTS					
5	MISCELLANEOUS INVENTORY					
6	WORK-IN-PROCESS					
7	SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT					
8	OTHER COSTS <i>(from Schedule B)</i>					
9	GENERAL AND ADMINISTRATIVE EXPENSES <i>(from Schedule C)</i>					
10	TOTAL (Items 1 to 9 inclusive)					
11	PROFIT <i>(explain in Schedule D)</i>					
12	SETTLEMENT EXPENSES <i>(from Schedule E)</i>					
13	TOTAL (Items 10 to 12 inclusive)					
14	SETTLEMENTS WITH SUBCONTRACTORS <i>(from Schedule F)</i>					
15	ACCEPTABLE FINISHED PRODUCT					
16	GROSS PROPOSED SETTLEMENT <i>(Items 13 thru 15)</i>					
17	DISPOSAL AND OTHER CREDITS <i>(from Schedule G)</i>					
18	NET PROPOSED SETTLEMENT <i>(Item 16 less 17)</i>					
19	ADVANCE, PROGRESS & PARTIAL PAYMENTS <i>(from Schedule H)</i>					
20	NET PAYMENT REQUESTED (Item 18 less 19)					
<i>(When the space provided for any information is insufficient, continue on a separate sheet.)</i>						
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is unusable				STANDARD FORM 1435 (REV. 9-97) Prescribed by GSA - FAR (48 CFR) 53.249(a)(2)		

Standard Form 1435 (Page 2)

SCHEDULE A - ANALYSIS OF INVENTORY COST (Items 4 and 6)

Furnish the following information (unless not reasonably available) for inventories of finished components and work-in-progress included in this proposal:

	TOTAL DIRECT LABOR	TOTAL DIRECT MATERIALS	TOTAL INDIRECT EXPENSES	TOTAL
FINISHED COMPONENTS				
WORK-IN-PROGRESS				

NOTE: Individual items of small amounts may be grouped into a single entry in Schedules B, C, D, and G.

SCHEDULE B - OTHER COSTS (Item 8)

ITEM	EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE C - GENERAL AND ADMINISTRATIVE EXPENSES (Item 9)

DETAIL OF EXPENSES	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE D - PROFIT (Item 11)

EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

(Where the space provided for any information is insufficient, continue on a separate sheet.)

Standard Form 1435 (Page 4)

SCHEDULE H - ADVANCE, PROGRESS AND PARTIAL PAYMENTS (Item 19)

DATE	TYPE OF PAYMENT	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

(Where the space provided for any information is insufficient, continue on a separate sheet.)

CERTIFICATE

This is to certify that the undersigned, individually, and as an authorized representative of the Contractor, has examined this termination settlement proposal and that, to the best knowledge and belief of the undersigned:

(a) AS TO THE CONTRACTOR'S OWN CHARGES. The proposed settlement (exclusive of charges set forth in Item 14) and supporting schedules and explanations have been prepared from the books of account and records of the Contractor in accordance with recognized commercial accounting practices; they include only those charges allocable to the terminated portion of this contract; they have been prepared with knowledge that they will, or may, be used directly or indirectly as the basis of settlement of a termination settlement proposal or claim against an agency of the United States; and the charges as stated are fair and reasonable.

(b) AS TO THE SUBCONTRACTORS' CHARGES. (1) The Contractor has examined, or caused to be examined, to an extent it considered adequate in the circumstances, the termination settlement proposals of its immediate subcontractors (exclusive of proposals filed against these immediate subcontractors by their subcontractors); (2) The settlements on account of immediate subcontractors own charges are fair and reasonable, the charges are allocable to the terminated portion of this contract, and the settlements were negotiated in good faith and are not more favorable to its immediate subcontractors than those that the Contractor would make if reimbursement by the Government were not involved; (3) The Contractor has received from all its immediate subcontractors appropriate certificates with respect to their termination settlement proposals, which certificates are substantially in the form of this certificate; and (4) The Contractor has no information leading it to doubt (i) the reasonableness of the settlements with more remote subcontractors or (ii) that the charges for them are allocable to this contract. Upon receipt by the Contractor of amounts covering settlements with its immediate subcontractors, the Contractor will pay or credit them promptly with the amounts so received, to the extent that it has not previously done so. The term "subcontractors," as used above, includes suppliers.

NOTE: The Contractor shall, under conditions stated in FAR 15.403, be required to submit a Certificate of Current Cost or Pricing Data (see FAR 15.406-2 and 15.408 Table 15-2).

NAME OF CONTRACTOR	BY (Signature of authorized official)	
	TITLE	DATE
NAME OF SUPERVISORY ACCOUNTING OFFICIAL	TITLE	

Standard Form 1436

SETTLEMENT PROPOSAL (TOTAL COST BASIS)	OMB No.: 9000-0012 Expires: 06/30/2004
---	---

Public reporting burden for this collection of information is estimated to average 2.5 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 of 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 (MVA), Regulatory and Federal Assistance Publications Division, GSA, Washington, DC 20405.

FOR USE BY A FIXED-PRICE PRIME CONTRACTOR OR FIXED-PRICE SUBCONTRACTOR

THIS PROPOSAL APPLIES TO (Check one) <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER SUBCONTRACT OR PURCHASE ORDER NO(S):	COMPANY STREET ADDRESS CITY AND STATE (Include ZIP Code)
CONTRACTOR WHO SENT NOTICE OF TERMINATION NAME	
ADDRESS (Include ZIP Code)	
NAME OF GOVERNMENT AGENCY	
GOVERNMENT PRIME CONTRACT NO. CONTRACTOR'S REFERENCE NO.	
If moneys payable under the contract have been assigned, give the following NAME OF ASSIGNEE	
EFFECTIVE DATE OF TERMINATION	
ADDRESS (Include ZIP Code)	
PROPOSAL NO.	
CHECK ONE <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL	
SF 1439, SCHEDULE OF ACCOUNTING INFORMATION <input type="checkbox"/> IS <input type="checkbox"/> IS NOT ATTACHED (if not, explain below)	

SECTION I - STATUS OF CONTRACT OR ORDER AT EFFECTIVE DATE OF TERMINATION

PRODUCTS COVERED BY TERMINATED CONTRACT OR PURCHASE ORDER	(a)	FINISHED			UNFINISHED OR NOT COMMENCED		TOTAL COVERED BY CONTRACT OR ORDER
		PREVIOUSLY SHIPPED AND INVOICED (b)	ON HAND		SUBSEQUENTLY COMPLETED AND INVOICED* (e)	NOT TO BE COMPLETED (f)	
			PAYMENT TO BE RECEIVED THROUGH INVOICING (c)	PAYMENT NOT TO BE RECEIVED THROUGH INVOICING (d)			
	QUANTITY						
	\$						
	QUANTITY						
	\$						
	QUANTITY						
	\$						

SECTION II - PROPOSED SETTLEMENT

NO.	ITEM (a)	TOTAL PREVIOUSLY PROPOSED (b)	INCREASE OR DECREASE BY THIS PROPOSAL (c)	TOTAL PROPOSED TO DATE (d)	FOR USE OF CONTRACTING AGENCY ONLY (e)
1	DIRECT MATERIAL				
2	DIRECT LABOR				
3	INDIRECT FACTORY EXPENSE (from Schedule A)				
4	SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT (SF 1428)				
5	OTHER COSTS (from Schedule B)				
6	GENERAL AND ADMINISTRATIVE EXPENSES (from Schedule C)				
7	TOTAL COSTS (Items 1 thru 6)				
8	PROFIT (Explain in Schedule D)				
9	TOTAL (Items 7 and 8)				
10	DEDUCT FINISHED PRODUCT INVOICED OR TO BE INVOICED*				
11	TOTAL (Item 9 less Item 10)				
12	SETTLEMENT EXPENSES (from Schedule E)				
13	TOTAL (Items 11 and 12)				
14	SETTLEMENTS WITH SUBCONTRACTORS (from Schedule F)				
15	GROSS PROPOSED SETTLEMENT (Items 13 thru 14)				
16	DISPOSAL AND OTHER CREDITS (from Schedule G)				
17	NET PROPOSED SETTLEMENT (Item 15 less 16)				
18	ADVANCE, PROGRESS & PARTIAL PAYMENTS (from Schedule H)				
19	NET PAYMENT REQUESTED (Item 17 less 18)				

* Column (e), Section I, should only be used in the event of a partial termination, in which the total cost reported in Section II should be accumulated to date of completion of the continued portion of the contract and the deduction for finished product (Item 10, Section II) should be the contract price of finished product in Column (b), (c), and (e), Section I.

NOTE: File inventory schedule (SF 1428) for allocable inventories on hand at date of termination (See 49 206)

(When the space provided for any information is insufficient, continue on a separate sheet.)

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition is unusable.

STANDARD FORM 1436 (REV. 5-2004)
Prescribed by GSA FAR (48 CFR) 53.249(a)(3)

Standard Form 1436 (Page 2)

SCHEDULE A - INDIRECT FACTORY EXPENSE <i>(Item 3)</i>			
DETAIL OF EXPENSES	METHOD OF ALLOCATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

NOTE: Individual items of small amounts may be grouped into a single entry in Schedules B, C, D, E, and G.

SCHEDULE B - OTHER COSTS <i>(Item 5)</i>			
ITEM	EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE C - GENERAL AND ADMINISTRATIVE EXPENSES <i>(Item 6)</i>			
DETAIL OF EXPENSES	METHOD OF ALLDCATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE D - PROFIT <i>(Item 8)</i>		
EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

(Where the space provided for any information is insufficient, continue on a separate sheet.)

Standard Form 1436 (Page 3)

SCHEDULE E - SETTLEMENT EXPENSES <i>(Item 12)</i>			
ITEM	EXPLANATION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE F - SETTLEMENTS WITH IMMEDIATE SUBCONTRACTORS AND SUPPLIERS <i>(Item 14)</i>			
NAME AND ADDRESS OF SUBCONTRACTOR	BRIEF DESCRIPTION OF PRODUCT CANCELED	AMOUNT OF SETTLEMENT	FOR USE OF CONTRACTING AGENCY ONLY

SCHEDULE G - DISPOSAL AND OTHER CREDITS <i>(Item 16)</i>		
DESCRIPTION	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

(If practicable, show separately amount of disposal credits applicable to acceptable finished product included on SF 1428.)

(Where the space provided for any information is insufficient, continue on a separate sheet.)

Standard Form 1436 (Page 4)

SCHEDULE H - ADVANCE, PROGRESS AND PARTIAL PAYMENTS <i>(Item 19)</i>			
DATE	TYPE OF PAYMENT	AMOUNT	FOR USE OF CONTRACTING AGENCY ONLY

(Where the space provided for any information is insufficient, continue on a separate sheet.)

CERTIFICATE

This is to certify that the undersigned, individually, and as an authorized representative of the Contractor, has examined this termination settlement proposal and that, to the best knowledge and belief of the undersigned:

(a) AS TO THE CONTRACTOR'S OWN CHARGES. The proposed settlement (exclusive of charges set forth in Item 14) and supporting schedules and explanations have been prepared from the books of account and records of the Contractor in accordance with recognized commercial accounting practices; they include only those charges allocable to the terminated portion of this contract; they have been prepared with knowledge that they will, or may, be used directly or indirectly as the basis of settlement of a termination settlement proposal or claim against an agency of the United States; and the charges as stated are fair and reasonable

(b) AS TO THE SUBCONTRACTORS' CHARGES. (1) The Contractor has examined, or caused to be examined, to an extent it considered adequate in the circumstances, the termination settlement proposals of its immediate subcontractors (exclusive of proposals filed against these immediate subcontractors by their subcontractors); (2) The settlements on account of immediate subcontractors own charges are fair and reasonable, the charges are allocable to the terminated portion of this contract, and the settlements were negotiated in good faith and are not more favorable to its immediate subcontractors than those that the Contractor would make if reimbursement by the Government were not involved; (3) The Contractor has received from all its immediate subcontractors appropriate certificates with respect to their termination settlement proposals, which certificates are substantially in the form of this certificate; and (4) The Contractor has no information leading it to doubt (i) the reasonableness of the settlements with more remote subcontractors or (ii) that the charges for them are allocable to this contract. Upon receipt by the Contractor of amounts covering settlements with its immediate subcontractors, the Contractor will pay or credit them promptly with the amounts so received, to the extent that it has not previously done so. The term "subcontractors," as used above, includes suppliers.

NOTE: The Contractor shall, under conditions stated in FAR 15.403, be required to submit a Certificate of Current Cost or Pricing Data (see FAR 15.406-2 and 15.408 Table 15-2).

NAME OF CONTRACTOR	BY <i>(Signature of authorized official)</i>	
	TITLE	DATE
NAME OF SUPERVISORY ACCOUNTING OFFICIAL	TITLE	

Standard Form 1437

SETTLEMENT PROPOSAL FOR COST-REIMBURSEMENT TYPE CONTRACTS	OMB No.: 9000-0012 Expires: 05/31/98
--	--

Public reporting burden for this collection of information is estimated to average 2.5 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 of 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 (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

To be used by prime contractors submitting settlement proposals on cost-reimbursement type contracts under Part 49 of the Federal Acquisition Regulation. Also suitable for use in connection with terminated cost-reimbursement type subcontracts.

COMPANY	PROPOSAL NUMBER	CHECK ONE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL
STREET ADDRESS	GOVERNMENT PRIME CONTRACT NO.	REFERENCE NO.
CITY AND STATE <i>(Include ZIP Code)</i>	EFFECTIVE DATE OF TERMINATION	

ITEM (a)	TOTAL PREVIOUSLY SUBMITTED (b)	INCREASE OR DECREASE BY THIS PROPOSAL (c)	TOTAL SUBMITTED TO DATE (d)
1. DIRECT MATERIAL	\$	\$	\$
2. DIRECT LABOR			
3. INDIRECT FACTORY EXPENSE			
4. SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT			
5. OTHER COSTS			
6. GENERAL AND ADMINISTRATIVE EXPENSE			
7. TOTAL COST <i>(Items 1 thru 6)</i>	\$	\$	\$
8. FEE			
9. SETTLEMENT EXPENSES			
10. SETTLEMENTS WITH SUBCONTRACTORS			
11. GROSS PROPOSED SETTLEMENT <i>(Items 7 thru 10)</i>			
12. DISPOSAL AND OTHER CREDITS			
13. NET PROPOSED SETTLEMENT <i>(Item 11 less 12)</i>	\$	\$	\$
14. PRIOR PAYMENTS TO CONTRACTOR	\$	\$	\$
15. NET PAYMENT REQUESTED <i>(Item 13 less 14)</i>	\$	\$	\$

CERTIFICATE

This is to certify that the undersigned, individually, and as an authorized representative of the Contractor, has examined this termination settlement proposal and that, to the best knowledge and belief of the undersigned:

(a) AS TO THE CONTRACTOR'S OWN CHARGES. The proposed settlement (exclusive of charges set forth in Item 10) and supporting schedules and explanations have been prepared from the books of account and records of the Contractor in accordance with recognized commercial accounting practices; they include only those charges allocable to the terminated portion of this contract; they have been prepared with knowledge that they will, or may, be used directly or indirectly as the basis of settlement of a termination settlement proposal or claim against an agency of the United States; and the charges as stated are fair and reasonable.

(b) AS TO THE SUBCONTRACTORS' CHARGES. (1) The Contractor has examined, or caused to be examined, to an extent it considered adequate in the circumstances, the termination settlement proposals of its immediate subcontractors (exclusive of proposals filed against these immediate subcontractors by their subcontractors); (2) The settlements on account of immediate subcontractors' own charges are fair and reasonable, the charges are allocable to the terminated portion of this contract, and the settlements were negotiated in good faith and are not more favorable to its immediate subcontractors than those that the Contractor would make if reimbursement by the Government were not involved; (3) The Contractor has received from all its immediate subcontractors appropriate certificates with respect to their termination settlement proposals, which certificates are substantially in the form of this certificate; and (4) The Contractor has no information leading it to doubt (i) the reasonableness of the settlements with more remote subcontractors or (ii) that the charges for them are allocable to this contract. Upon receipt by the Contractor of amounts covering settlements with its immediate subcontractors, the Contractor will pay or credit them promptly with the amounts so received, to the extent that it has not previously done so. The term "subcontractors," as used above, includes suppliers.

NOTE: The Contractor shall, under conditions stated in FAR 15.403, be required to submit a Certificate of Current Cost or Pricing Data (see FAR 15.406-2 and 15.408 Table 15-2).

NAME OF CONTRACTOR	BY <i>(Signature of authorized official)</i>	
	TITLE	DATE
NAME OF SUPERVISORY ACCOUNTING OFFICIAL	TITLE	

AUTHORIZED FOR LOCAL REPRODUCTION
Previous edition is unusable

STANDARD FORM 1437 (REV. 9-97)
Prescribed by GSA - FAR (48 CFR) 53.249(a)(4)

Standard Form 1438

SETTLEMENT PROPOSAL (SHORT FORM)		OMB No.: 9000-0012 Expires: 06/30/2004				
Public reporting burden for this collection of information is estimated to average 2.5 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 of 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 (MVVA), Regulatory and Federal Assistance Publications Division, GSA, Washington, DC 20405.						
<small>For Use by a Prime Contractor or Subcontractor in Settlement of a Fixed Price Terminated Contract When Total Charges Claimed Are Less Than \$10,000.</small>						
THIS PROPOSAL APPLIES TO (Check one) <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER		COMPANY (Prime or Subcontractor)				
SUBCONTRACT OR PURCHASE ORDER NO.(S)		STREET ADDRESS				
CONTRACTOR WHO SENT NOTICE OF TERMINATION		CITY AND STATE (Include ZIP code)				
NAME		NAME OF GOVERNMENT AGENCY				
ADDRESS (Include ZIP Code)		GOVERNMENT PRIME CONTRACT NO.				
If moneys payable under the contract have been assigned, give the following:		CONTRACTOR'S REFERENCE NO.				
NAME OF ASSIGNEE		EFFECTIVE DATE OF TERMINATION				
ADDRESS (Include ZIP Code)						
SECTION I - STATUS OF CONTRACT OR ORDER AT EFFECTIVE DATE OF TERMINATION						
PRODUCTS COVERED BY TERMINATED CONTRACT OR PURCHASE ORDER (a)	PREVIOUSLY SHIPPED AND INVOICED (b)	FINISHED ON HAND		UNFINISHED OR NOT COMMENCED		TOTAL COVERED BY CONTRACT OR ORDER (g)
		PAYMENT TO BE RECEIVED THROUGH INVOICING (c)	INCLUDED IN THIS PROPOSAL (d)	TO BE COMPLETED (Partial termination only) (e)	NOT TO BE COMPLETED (f)	
QUANTITY						
\$						
QUANTITY						
\$						
QUANTITY						
\$						
SECTION II - PROPOSED SETTLEMENT						
NO.	ITEM <i>(Include only items allocable to the terminated portion of contract)</i>	AMOUNT OF CHARGE (\$)				
1	CHARGE FOR ACCEPTABLE FINISHED PRODUCT NOT COVERED BY INVOICING <i>(from SF 1428)</i>					
2	CHARGE FOR WORK-IN-PROGRESS, RAW MATERIAL, ETC. ON HAND <i>(from SF 1428)</i>					
3	OTHER CHARGES INCLUDING PROFIT AND SETTLEMENT EXPENSES					
4	CHARGES FOR SETTLEMENT(S) WITH SUBCONTRACTORS					
5	GROSS PROPOSED SETTLEMENT <i>(Sum of Items 1 thru 4)</i>					
6	DISPOSAL AND OTHER CREDITS <i>(from SF 1424, Item 27, Col. 3)</i>					
7	NET PROPOSED SETTLEMENT <i>(Item 5 less 6)</i>					
8	ADVANCE, PROGRESS, AND PARTIAL PAYMENTS					
9	NET PAYMENT REQUESTED <i>(Item 7 less 8)</i>					
List your inventory on SF 1428 and attach a copy thereto. Retain for the applicable period specified in the prime contract all papers and records relating to this proposal for future examination.						
GIVE A BRIEF EXPLANATION OF HOW YOU ARRIVED AT THE AMOUNTS SHOWN IN ITEMS 3, 4, 6, AND 7						
I CERTIFY that the above proposed settlement includes only charges allocable to the terminated portion of the contract or purchase order, that the total charges (Item 5) and the disposal credits (Item 6) are fair and reasonable, and that this proposal has been prepared with knowledge that it will, or may, be used directly or indirectly as a basis for reimbursement under a settlement proposal(s) against agencies of the United States.		NAME OF YOUR COMPANY				
		BY (Signature of authorized official)				
		TITLE			DATE	
<i>(Where the space provided for any information is insufficient, continue on a separate sheet.)</i>						
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is not usable				STANDARD FORM 1438 (REV. 5/2004) Prescribed by GSA-FAR (48 CFR) 53.249(a)(5)		

Standard Form 1438 (Back)

INSTRUCTIONS

1. This settlement proposal should be submitted to the contracting officer, if you are a prime contractor, or to your customer, if you are a subcontractor. The term contract as used hereinafter includes a subcontract or a purchase order.

2. Proposals that would normally be included in a single settlement proposal, such as those based on a series of separate orders for the same item under one contract should be consolidated wherever possible, and must not be divided in such a way as to bring them below \$10,000.

3. You should review any aspects of your contract relating to termination and consult your customer or contracting officer for further information. Government regulations pertaining to the basis for determining a fair and reasonable termination settlement are contained in Part 49 of the Federal Acquisition Regulation. Your proposal for fair compensation should be prepared on the basis of the costs shown by your accounting records. Where your costs are not so shown, you may use any reasonable basis for estimating your costs which will provide for fair compensation for the preparations made and work done for the terminated portion of the contract, including a reasonable profit on such preparation and work.

4. Generally your settlement proposal may include under Items 2, 3, and 4, the following:

a. **COSTS** - Costs incurred which are rea-

sonably necessary and are properly allocable to the terminated portion of your contract under recognized commercial accounting practices, including direct and indirect manufacturing, selling and distribution, administrative, and other costs and expenses incurred.

b. **SETTLEMENT WITH SUBCONTRACTORS** - Reasonable settlements of proposals of subcontractors allocable to the terminated portion of the subcontract. Copies of such settlements will be attached hereto.

c. **SETTLEMENT EXPENSES** - Reasonable costs of protecting and preserving termination inventory in your possession and preparing your proposal.

d. **PROFIT** - A reasonable profit with respect to the preparations you have made and work you have actually done for the terminated portion of your contract. No profit should be included for work which has not been done, nor shall profit be included for settlement expenses, or for settlement with subcontractors.

5. If you use this form, your total charges being proposed (line 5), must be less than \$10,000. The Government has the right to examine your books and records relative to this proposal, and if you are a subcontractor, your customer must be satisfied with your proposal.

Standard Form 1439

SCHEDULE OF ACCOUNTING INFORMATION		OMB No.: 9000-0012 Expires: 05/31/98	
<p>Public reporting burden for this collection of information is estimated to average 2.5 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 of 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 Acquisition and Regulatory Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0012), Washington, DC 20503.</p> <p>To be used by prime contractors submitting termination proposals under part 49 of the Federal Acquisition Regulation. Also suitable for use by subcontractor in effecting subcontract settlements with prime contractor or immediate subcontractor.</p>			
THIS PROPOSAL APPLIES TO <i>(Check one)</i> <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER SUBCONTRACT OR PURCHASE ORDER NO.(S)		COMPANY <i>(Prime or Subcontractor)</i> STREET ADDRESS	
CONTRACTOR WHO SENT NOTICE OF TERMINATION NAME AND ADDRESS <i>(Include ZIP Code)</i>		CITY AND STATE <i>(Include ZIP Code)</i> NAME OF GOVERNMENT AGENCY	
		GOVERNMENT PRIME CONTRACT NO.	CONTRACTOR'S REFERENCE NO.
		EFFECTIVE DATE OF TERMINATION	
1. INDIVIDUAL IN YOUR ORGANIZATION FROM WHOM ADDITIONAL INFORMATION MAY BE REQUESTED ON QUESTIONS RELATING TO:			
ACCOUNTING MATTERS		PROPERTY DISPOSAL	
NAME		NAME	
TITLE	TELEPHONE NUMBER	TITLE	TELEPHONE NUMBER
ADDRESS <i>(Include ZIP Code)</i>		ADDRESS <i>(Include ZIP Code)</i>	
2. ARE THE ACCOUNTS OF THE CONTRACTOR SUBJECT TO REGULAR PERIODIC EXAMINATION BY INDEPENDENT PUBLIC ACCOUNTANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Name and address of accountants)</i>			
3. INDEPENDENT ACCOUNTANTS, IF ANY, WHO HAVE REVIEWED OR ASSISTED IN THE PREPARATION OF THE ATTACHED PROPOSAL			
NAME		ADDRESS <i>(Include ZIP Code)</i>	
4. GOVERNMENTAL AGENCY(IES) WHICH HAVE REVIEWED YOUR ACCOUNTS IN CONNECTION WITH PRIOR SETTLEMENT PROPOSALS DURING THE CURRENT AND PRECEDING FISCAL YEAR			
NAME		ADDRESS <i>(Include ZIP Code)</i>	
5. HAVE THERE BEEN ANY SIGNIFICANT DEVIATIONS FROM YOUR REGULAR ACCOUNTING PROCEDURES AND POLICIES IN ARRIVING AT THE COSTS SET FORTH IN THE ATTACHED PROPOSAL? <i>(If "yes," explain briefly)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. WERE THE DETAILED COST RECORDS USED IN PREPARING THE PROPOSAL CONTROLLED BY AND IN AGREEMENT WITH YOUR GENERAL BOOKS OF ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. STATE METHOD OF ACCOUNTING FOR TRADE AND CASH DISCOUNTS EARNED, REBATES, ALLOWANCES, AND VOLUME PRICE ADJUSTMENTS. ARE SUCH ITEMS EXCLUDED FROM COSTS PROPOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(Where the space provided for any information is insufficient, continue on a separate sheet.)			
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable		STANDARD FORM 1439 (REV. 7-89) Prescribed by GSA-FAR (48 CFR) 53.249(a)(6)	

Standard Form 1439 (Page 2)

8. STATE METHOD OF RECORDING AND ABSORBING (1) GENERAL ENGINEERING AND GENERAL DEVELOPMENT EXPENSE AND (2) ENGINEERING AND DEVELOPMENT EXPENSE DIRECTLY APPLICABLE TO THE TERMINATED CONTRACT.

9. STATE TYPES AND SOURCE OF MISCELLANEOUS INCOME AND CREDITS AND MANNER OF RECORDING IN THE INCOME OR THE COST ACCOUNTS SUCH AS RENTAL OF YOUR FACILITIES TO OUTSIDE PARTIES, ETC.

10. METHOD OF ALLOCATING GENERAL AND ADMINISTRATIVE EXPENSE.

11. ARE COSTS AND INCOME FROM CHANGE ORDERS SEGREGATED FROM OTHER CONTRACT COSTS AND INCOME? (If "Yes," by what methods?)

YES NO

12. METHOD OF COMPUTING PROFIT SHOWN IN THE ATTACHED PROPOSAL AND REASON FOR SELECTING THE METHOD USED. FURNISH ESTIMATE OF AMOUNT OR RATE OF PROFIT IN DOLLARS OR PERCENT ANTICIPATED HAD THE CONTRACT BEEN COMPLETED.

13. ARE SETTLEMENT EXPENSES APPLICABLE TO PREVIOUSLY TERMINATED CONTRACTS EXCLUDED FROM THE ATTACHED PROPOSALS? (If "NO," explain.)

YES NO

14. DOES THIS PROPOSAL INCLUDE CHARGES FOR MAJOR INVENTORY ITEMS AND PROPOSALS OF SUBCONTRACTORS COMMON TO THIS TERMINATED CONTRACT AND OTHER WORK OF THE CONTRACTOR? (If "Yes," explain the method used in allocating amounts to the terminated portion of this contract.)

YES NO

15. EXPLAIN BRIEFLY YOUR METHOD OF PRICING INVENTORIES, INDICATING WHETHER MATERIAL HANDLING COST HAS BEEN INCLUDED IN CHARGES FOR MATERIALS.

16. ARE ANY PARTS, MATERIALS, OR FINISHED PRODUCT, KNOWN TO BE DEFECTIVE, INCLUDED IN THE INVENTORIES? (If "Yes," explain.)

YES NO

(Where the space provided for any information is insufficient, continue on a separate sheet.)

STANDARD FORM 1439 (REV. 7-83) PAGE 2

Standard Form 1439 (Page 3)

17. WERE INVENTORY QUANTITIES BASED ON A PHYSICAL COUNT AS OF THE DATE OF TERMINATION? *(If "No," explain exceptions.)*

YES NO

18. DESCRIBE BRIEFLY THE NATURE OF INDIRECT EXPENSE ITEMS INCLUDED IN INVENTORY COSTS *(See Schedule A, SF 1435)* AND EXPLAIN YOUR METHOD OF ALLOCATION USED IN PREPARING THIS PROPOSAL, INCLUDING IF PRACTICABLE, THE RATES USED AND THE PERIOD OF TIME UPON WHICH THEY ARE BASED.

19. STATE GENERAL POLICIES RELATING TO DEPRECIATION AND AMORTIZATION OF FIXED BASES, UNDERLYING POLICIES.

20. DO THE COSTS SET FORTH IN THE ATTACHED PROPOSAL INCLUDE PROVISIONS FOR ANY RESERVES OTHER THAN DEPRECIATION RESERVES? *(If "Yes," list such reserves.)*

YES NO

21. STATE POLICY OR PROCEDURE FOR RECORDING AND WRITING OFF STARTING LOAD.

22. STATE POLICIES FOR DISTINGUISHING BETWEEN CHARGES TO CAPITAL (FIXED) ASSET ACCOUNTS AND TO REPAIR AND MAINTENANCE ACCOUNTS.

23. ARE PERISHABLE TOOLS AND MANUFACTURING SUPPLIES CHARGED DIRECTLY TO CONTRACT COSTS OR INCLUDED IN INDIRECT EXPENSES?

(Where the space provided for any information is insufficient, continue on a separate sheet.)

STANDARD FORM 1439 (REV. 7-83) **PAGE 3**

Standard Form 1439 (Page 4)

24. HAVE ANY CHARGES FOR SERVANCE, DISMISSAL, OR SEPARATION PAY BEEN INCLUDED IN THIS PROPOSAL? (If "Yes," furnish brief explanation and estimates of amounts included.)

YES NO

25. STATE POLICIES RELATING TO RECORDING OF OVERTIME SHIFT PREMIUMS AND PRODUCTION BONUSES.

26. DOES CONTRACTOR HAVE A PENSION PLAN? (If "YES," state method of funding and absorption of past and current pension service costs.)

YES NO

27. IS THIS SETTLEMENT PROPOSAL BASED ON STANDARD COSTS?

YES (If "Yes," has adjustment to actual cost or adjustment for any significant variations been made?) YES NO (If "No," explain)
 NO

28. DOES THIS PROPOSAL INCLUDE ANY ELEMENT OF PROFIT TO THE CONTRACTOR OR RELATED ORGANIZATION, OTHER THAN (a) PROFIT SET FORTH SEPARATELY IN THE PROPOSAL OR (b) PROFIT INCLUDED IN THE CONTRACT PRICE AT WHICH ACCEPTABLE FINISHED PRODUCT, IF ANY, IS INCLUDED IN THE PROPOSAL? (If "Yes," explain briefly.)

YES NO

29. WHAT IS LENGTH OF TIME (PRODUCTION CYCLE) REQUIRED TO PRODUCE ONE OF THE END ITEMS FROM THE TIME THE MATERIAL ENTERS THE PRODUCTION LINE TO THE COMPLETION AS THE FINISHED PRODUCT?

30. STATE POLICY AND PROCEDURE FOR VERIFICATION AND NEGOTIATION OF SETTLEMENTS WITH SUBCONTRACTORS AND VENDORS.

CERTIFICATE

THIS CERTIFIES THAT, TO THE BEST KNOWLEDGE AND BELIEF OF THE UNDERSIGNED, THE ABOVE STATEMENTS ARE TRUE AND CORRECT

NAME OF CONTRACTOR

BY (Signature of supervisory accounting official)

TITLE

DATE

(Where the space provided for any information is insufficient, continue on a separate sheet.)

Standard Form 1440

APPLICATION FOR PARTIAL PAYMENT						OMB No.: 9000-0012 Expires: 05/31/98	
<p>Public reporting burden for this collection of information is estimated to average 2.5 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 of 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; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0012), Washington, DC 20503.</p> <p style="text-align: center;">For use by Prime Contractor or Subcontractor under contracts terminated for the convenience of the Government</p>							
THIS APPLICATION APPLIES TO <i>(Check one)</i> <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT OR PURCHASE ORDER SUBCONTRACT OR PURCHASE ORDER NUMBER(S)				APPLICANT STREET ADDRESS CITY AND STATE <i>(Include ZIP Code)</i> NAME OF GOVERNMENT AGENCY			
CONTRACTOR WHO SENT NOTICE OF TERMINATION NAME ADDRESS <i>(Include ZIP Code)</i>				GOVERNMENT PRIME CONTRACT NUMBER CONTRACTOR'S REFERENCE NUMBER			
IF CONTRACTOR HAS GUARANTEED LOANS OR HAS ASSIGNED MONEYS DUE UNDER THE CONTRACT, GIVE THE FOLLOWING: NAME AND ADDRESS OF FINANCING INSTITUTION <i>(Include ZIP Code)</i>				EFFECTIVE DATE OF TERMINATION		DATE OF THIS APPLICATION	
NAME AND ADDRESS OF GUARANTOR <i>(Include ZIP Code)</i>				AMOUNT REQUESTED		APPLICATION NUMBER UNDER THIS TERMINATION	
NAME AND ADDRESS OF ASSIGNEE <i>(Include ZIP Code)</i>				\$			
SECTION I - STATUS OF CONTRACT OR ORDER AT EFFECTIE DATE OF TERMINATION							
PRODUCTS COVERED BY TERMINATED CONTRACT OR PURCHASE ORDER (a)	QUANTITY	FINISHED			UNFINISHED OR NOT COMMENCED		TOTAL COVERED BY CONTRACT OR ORDER (g)
		PREVIOUSLY SHIPPED AND INVOICED (b)	PAYMENT TO BE RECEIVED THROUGH INVOICING (c)	ON HAND INCLUDED IN THIS APPLICATION (d)	TO BE COMPLETED (e)	NOT TO BE COMPLETED (f)	
	\$						
	\$						
	\$						
	\$						
SECTION II - APPLICANT'S OWN TERMINATION CHARGES <i>(Exclusive of its Subcontractors' Charges)</i>						SETTLEMENT PROPOSAL <input type="checkbox"/> ATTACHED <input type="checkbox"/> PREVIOUSLY SUBMITTED	
NO.	ITEM					CHARGES AS LISTED IN SETTLEMENT PROPOSAL	
1.	ACCEPTABLE FURNISHED PRODUCT <i>(at contract price)</i>					\$	
2.	WORK-IN-PROCESS						
3.	RAW MATERIALS, PURCHASED PARTS, AND SUPPLIES						
4.	GENERAL AND ADMINISTRATIVE EXPENSES						
5.	TOTAL (Sum of lines 1, 2, 3, and 4)					\$	
6.	SPECIAL TOOLING AND SPECIAL TEST EQUIPMENT						
7.	OTHER COSTS						
8.	SETTLEMENT EXPENSES						
9.	TOTAL (Sum of lines 5, 6, 7, and 8)					\$	
10.	SUBCONTRACTOR SETTLEMENTS APPROVED BY CONTRACTING OFFICER OR SETTLED UNDER A DELEGATION OF AUTHORITY AND PAID BY APPLICANT					\$	
11. AMOUNT RECEIVED							
(a)	UNLIQUIDATED PARTIAL, PROGRESS, AND ADVANCE PAYMENTS RECEIVED					\$	
(b)	DISPOSAL AND OTHER CREDITS						
(c)	TOTAL (Sum of lines a and b)						
(d)	AMOUNT OF PARTIAL PAYMENT REQUESTED						
(e)	TOTAL (Sum of lines c and d)					\$	
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable						STANDARD FORM 1440 (REV. 1-95) Prescribed by GSA-FAR (48 CFR) 53.249(a)(7)	

Standard Form 1440 (Back)

SECTION III - AGREEMENT OF APPLICANT

IN CONSIDERATION OF PARTIAL PAYMENT THAT MAY BE MADE, THE APPLICANT AGREES AS FOLLOWS:

(a) Repayment of Excess. If any partial payment made to the Contractor is in excess of the amount finally determined to be due on its termination settlement proposal or claim, the Contractor shall repay the excess to the Government upon demand together with interest at the rate established by the Secretary of the Treasury under 50 U.S.C. (app.) 1215(b)(2). Interest shall be computed for the period from the date of the excess payment to the date the excess is repaid. Interest shall not be charged however, for any (1) excess payment due to a reduction in the Contractor's proposal or claim because of retention or other disposition of termination inventory, until 10 days after the date of the retention or disposition, or any later date determined by the Contracting Officer because of the circumstances, or for (2) overpayment under cost-reimbursement research and development contracts (without profit or fee to the Contractor) if the overpayments are repaid to the Government within 30 days after demand.

(b) Prompt Settlement of Proposal. The applicant will make every effort to expedite final settlement of the termination settlement proposal and any proposals of its subcontractors.

(c) Disposal and Retention of Inventory. The applicant shall, within 10 days, notify the Contracting Officer whenever the proceeds received from the disposal of termination inventory, when added to the cost or agreed value of inventory retained by the applicant, exceeds the amount of its charges (Section II, Line 9) and the amount of such credits has not been included on Section II, Line b (Disposal and Other Credits).

SECTION IV - CERTIFICATE OF APPLICANT

I certify that the amount of charges (exclusive of subcontractors' charges) due as of the date of this application and allocable to the terminated portion of contract number _____ dated _____ with _____, is not less than \$ _____; that, to the best of my knowledge, (From Section II, Line 9) the amounts received are set forth above; and that I have not assigned any moneys payable under this contract, except as set forth above.

NAME OF APPLICANT	BY (Signature of authorized official)	
	TITLE	DATE

SECTION V - RECOMMENDATION OF FIRST REVIEWING CONTRACTOR

The undersigned states that it has examined this application and has considered the applicant's general reputation. It has no reason to doubt the accuracy of the information contained in this application or that amount certified by the applicant as due will constitute a proper charge to be included in the undersigned's termination settlement proposal against _____

It recommends that the requested partial payment be made.

The undersigned agrees that it will promptly pay over to the applicant or credit against amounts owing from the applicant any amount received for the benefit of the applicant under this application, and that it will repay to the Government on demand any amount not so paid or credited.

NAME OF CONTRACTOR	BY (Signature of authorized official)	
	TITLE	DATE

SECTION VI - RECOMMENDATION OF OTHER REVIEWING CONTRACTORS

Each of the undersigned states that it has no reason to doubt that the amount of the partial payment requested, and recommended above is due the applicant will constitute a proper charge in the termination settlement proposal of the undersigned.

Each of the undersigned agrees that it will promptly pay over to its immediate subcontractor or credit against amounts owing from such subcontractor any amount received for the benefit of the applicant under this application, and that it will repay to the Government on demand any amount not so paid or credited.

CONTRACTOR	DATE	IDENTIFICATION OF YOUR CONTRACT	SIGNATURE OF OFFICER, PARTNER, OR OWNER
1			
2			
3			

(Where the space provided for any information is insufficient, continue on a separate sheet.)

Standard Form 1442


SOLICITATION, OFFER, AND AWARD (Construction, Alteration, or Repair)	1. SOLICITATION NO.	2. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input type="checkbox"/> NEGOTIATED (RFP)	3. DATE ISSUED	PAGE OF PAGES
IMPORTANT - The "offer" section on the reverse must be fully completed by offeror.				
4. CONTRACT NO.	5. REQUISITION/PURCHASE REQUEST NO.	6. PROJECT NO.		
7. ISSUED BY	CODE	8. ADDRESS OFFER TO		
9. FOR INFORMATION CALL:	a. NAME	b. TELEPHONE NO. (Include area code) (NO COLLECT CALLS)		
SOLICITATION				
NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid and "bidder".				
10. THE GOVERNMENT REQUIRES PERFORMANCE OF THE WORK DESCRIBED IN THESE DOCUMENTS (Title, identifying no., date)				
11. The Contractor shall begin performance _____ calendar days and complete it within _____ calendar days after receiving <input type="checkbox"/> award, <input type="checkbox"/> notice to proceed. This performance period is <input type="checkbox"/> mandatory <input type="checkbox"/> negotiable. (See _____ .)				
12a. THE CONTRACTOR MUST FURNISH ANY REQUIRED PERFORMANCE AND PAYMENT BONDS? (If "YES," indicate within how many calendar days after award in Item 12b).				12b. CALENDAR DAYS
<input type="checkbox"/> YES <input type="checkbox"/> NO				
13. ADDITIONAL SOLICITATION REQUIREMENTS:				
a. Sealed offers in original and _____ copies to perform the work required are due at the place specified in Item 8 by _____ (hour) local time _____ (date). If this is a sealed bid solicitation, offers will be publicly opened at that time. Sealed envelopes containing offers shall be marked to show the offeror's name and address, the solicitation number, and the date and time offers are due.				
b. An offer guarantee <input type="checkbox"/> is, <input type="checkbox"/> is not required.				
c. All offers are subject to the (1) work requirements, and (2) other provisions and clauses incorporated in the solicitation in full text or by				
d. Offers providing less than _____ calendar days for Government acceptance after the date offers are due will not be considered and will be rejected.				
NSN 7540-01-155-3212				
STANDARD FORM 1442 (REV. 4-85) Prescribed by GSA - FAR (48 CFR) 53.236-1(d)				

Standard Form 1442 (Back)

OFFER (Must be fully completed by offeror)

14. NAME AND ADDRESS OF OFFEROR (Include ZIP Code)		15. TELEPHONE NO. (Include area code)	
		16. REMITTANCE ADDRESS (Include only if different than Item 14.)	
CODE	FACILITY CODE		

17. The offeror agrees to perform the work required at the prices specified below in strict accordance with the terms of this solicitation, if this offer is accepted by the Government in writing within _____ calendar days after the date offers are due. (Insert any number equal to or greater than the minimum requirement stated in Item 13d. Failure to insert any number means the offeror accepts the minimum in Item 13d.)

AMOUNTS 

18. The offeror agrees to furnish any required performance and payment bonds.

19. ACKNOWLEDGMENT OF AMENDMENTS

(The offeror acknowledges receipt of amendments to the solicitation -- give number and date of each)


AMENDMENT NO.									
DATE.									

20a. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)	20. SIGNATURE	20c. OFFER DATE
--	---------------	-----------------

AWARD (To be completed by Government)

21. ITEMS ACCEPTED:

22. AMOUNT	23. ACCOUNTING AND APPROPRIATION DATA
------------	---------------------------------------

24. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified) 	ITEM	25. OTHER THAN FULL AND OPEN COMPETITION PURSUANT TO <input type="checkbox"/> 10 U.S.C. 2304(c)) <input type="checkbox"/> 41 U.S.C. 253(c) ()
26. ADMINISTERED BY	27. PAYMENT WILL BE MADE BY	

CONTRACTING OFFICER WILL COMPLETE ITEM 28 OR 29 AS APPLICABLE

<input type="checkbox"/> 28. NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all work requirements identified on this form and any continuation sheets for the consideration stated in this contract. The rights and obligations of the parties to this contract shall be governed by (a) this contract award, (b) the solicitation, and (c) the clauses, representations, certifications, and specifications incorporated by reference in or attached to this contract.		<input type="checkbox"/> 29. AWARD (Contractor is not required to sign this document.) Your offer on this solicitation is hereby accepted as to the items listed. This award consummates the contract, which consists of (a) the Government solicitation and your offer, and (b) this contract award. No further contractual document is necessary.	
30a. NAME AND TITLE OF CONTRACTOR OR PERSON AUTHORIZED TO SIGN (Type or print)	31a. NAME OF CONTRACTING OFFICER (Type or print)		
30b. SIGNATURE	30c. DATE	31b. UNITED STATES OF AMERICA	30c. DATE
		BY	

Standard Form 1443

CONTRACTOR'S REQUEST FOR PROGRESS PAYMENT				Form Approved OMB Number 9000-0010	
IMPORTANT: This form is to be completed in accordance with instructions on the reverse.					
SECTION I - IDENTIFICATION INFORMATION					
1. TO: NAME AND ADDRESS OF CONTRACTING OFFICE ADMINISTERING THE CONTRACT (Include ZIP Code)			2. FROM: NAME AND ADDRESS OF CONTRACTOR (Include ZIP Code)		
PAYING OFFICE			3. SMALL BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO		4. CONTRACT NUMBER
			A. BASIC CONTRACT NUMBER	B. TASK OR DELIVERY ORDER NUMBER	
5. CONTRACT PRICE \$					
6. RATES		7. DATE OF INITIAL AWARD		8A. PROGRESS PAYMENT REQUEST NUMBER	8B. DATE OF THIS REQUEST
A. PROGRESS PAYMENTS	B. LIQUIDATION	A. YEAR	B. MONTH		
%	%				
SECTION II - STATEMENT OF COSTS UNDER THIS CONTRACT THROUGH _____ (Date)					
9. RESERVED					
10. RESERVED					
11. COSTS ELIGIBLE FOR PROGRESS PAYMENTS UNDER THE PROGRESS PAYMENTS CLAUSE					
12a. TOTAL CONTRACT COST(S) INCURRED TO DATE					
b. ESTIMATED COST TO COMPLETE			c. TOTAL ESTIMATED COST OF PERFORMANCE		
13. ITEM 11 MULTIPLIED BY ITEM 6a					
14a. FINANCING PAYMENTS PAID TO SUBCONTRACTORS					
b. LIQUIDATED FINANCING PAYMENTS TO SUBCONTRACTORS					
c. UNLIQUIDATED FINANCING PAYMENTS PAID TO SUBCONTRACTORS (Item 14a less 14b)					
d. SUBCONTRACT FINANCING PAYMENTS APPROVED FOR CURRENT PAYMENT					
e. ELIGIBLE SUBCONTRACTOR FINANCING PAYMENTS (Item 14c plus 14d)					
15. TOTAL DOLLAR AMOUNT (Item 13 plus 14e)					
16. ITEM 5 MULTIPLIED BY ITEM 6b					
17. LESSER OF ITEM 15 OR ITEM 16					
18. TOTAL AMOUNT OF PREVIOUS PROGRESS PAYMENTS REQUESTED					
19. MAXIMUM BALANCE ELIGIBLE FOR PROGRESS PAYMENTS (Item 17 less 18)					
SECTION III - COMPUTATION OF LIMITS FOR OUTSTANDING PROGRESS PAYMENTS					
20. COMPUTATION OF PROGRESS PAYMENT CLAUSE LIMITATION					
a. COSTS INCLUDED IN ITEM 11, APPLICABLE TO ITEMS DELIVERED, INVOICED, AND ACCEPTED TO THE DATE IN HEADING OF SECTION II					
b. COSTS ELIGIBLE FOR PROGRESS PAYMENTS, APPLICABLE TO UNDELIVERED ITEMS AND TO DELIVERED ITEMS NOT INVOICED AND ACCEPTED (Item 11 less 20a)					
c. ITEM 20b MULTIPLIED BY ITEM 6a					
d. ELIGIBLE SUBCONTRACTOR FINANCING PAYMENTS (Same as Item 14e)					
e. LIMITATION (Item 20c plus 20d)					
21. COMPUTATION OF PROGRESS PAYMENT CLAUSE LIMITATION					
a. CONTRACT PRICE OF ITEMS DELIVERED, ACCEPTED AND INVOICED AS OF THE DATE SHOWN IN THE HEADING OF SECTION II					
b. CONTRACT PRICE OF ITEMS NOT DELIVERED, ACCEPTED AND INVOICED (Item 5 less 21a)					
c. ITEM 21b MULTIPLIED BY ITEM 6b					
d. UNLIQUIDATED ADVANCE PAYMENTS PLUS ACCRUED INTEREST					
e. LIMITATION (Item 21c less 21d)					
22. MAXIMUM UNLIQUIDATED PROGRESS PAYMENTS (Lesser of Item 20e or 21e)					
23. TOTAL AMOUNT LIQUIDATED AND TO BE LIQUIDATED					
24. UNLIQUIDATED PROGRESS PAYMENTS (Item 18 less 23)					
25. MAXIMUM PERMISSIBLE PROGRESS PAYMENTS (Item 22 less 24)					
26. AMOUNT OF CURRENT INVOICE FOR PROGRESS PAYMENT (Lesser of item 25 or 19)					
27. AMOUNT APPROVED BY CONTRACTING OFFICER					
CERTIFICATION					
DATE _____					
I Certify that:					
(a) The above statement (with attachments) has been prepared from the books and records of the above-named contractor in accordance with the contract and the instructions hereon, and to the best of my knowledge and belief, that it is correct;					
(b) All the costs of contract performance (except as herewith reported in writing) have been paid to the extent shown herein, or where not shown as paid have been paid or will be paid currently, by the contractor, when due, in the ordinary course of business;					
(c) The work reflected above has been performed;					
(d) The quantities and amounts involved are consistent with the requirements of the contract;					
(e) There are no encumbrances (except as reported in writing herewith, or on previous progress payment request number _____) against the property acquired or produced for, and allocated or properly chargeable to the contract which would affect or impair the Government's title;					
(f) There has been no materially adverse change in the financial condition of the contractor since the contractor's (insert 'as of' date of financial information) _____ submission of its last financial information dated (insert date of prior submission/certification) _____ to the Government in connection with the contract;					
(g) To the extent of any contract provision limiting progress payments pending first article approval, such provision has been complied with, and					
(h) After the making of the requested progress payment the unliquidated progress payments will not exceed the maximum unliquidated progress payments permitted by the contract.					
NAME AND TITLE OF CONTRACTOR REPRESENTATIVE SIGNING THIS FORM			SIGNATURE		
NAME AND TITLE OF CONTRACTING OFFICER			SIGNATURE		
NSN 7540-01-140-5523					
STANDARD FORM 1443 (REV. 7/2009) Prescribed by GSA FAR (48 CFR 53.232)					

Standard Form 1443 (Back)

INSTRUCTIONS

GENERAL - All dollar amounts must be shown in whole dollars, rounded using a consistent methodology (e.g., always round up, always round down, always round to the nearest dollar). All line item numbers not included in the instructions below are self-explanatory.

SECTION I - IDENTIFICATION INFORMATION. Complete items 1 through 8b in accordance with the following instructions.

Item 1. TO - Enter the name and address of the cognizant Contract Administration Office (the office administering the contract).

PAYING OFFICE - Enter the designation of the paying office, as indicated on the contract.

Item 2. FROM - CONTRACTOR'S NAME AND ADDRESS/ZIP CODE - Enter the name and mailing address of the contractor. If applicable, the division of the company performing the contract should be entered immediately following the contractor's name.

Item 3. Enter an "X" in the appropriate block to indicate whether or not the contractor is a small business concern.

Item 4. Enter the contract number, including the task or delivery order number if applicable. Progress payment requests under individual orders shall be submitted as if the order constituted a separate contract, unless otherwise specified in this contract (FAR 52.232-16(m)).

Item 5. Enter the total contract price in accordance with the following (See FAR 32.501-3):

(1) Under firm-fixed-price contracts, the contract price is the current amount fixed by the contract plus the not-to-exceed amount for any unpriced modifications.

(2) If the contract is redeterminable or subject to economic price adjustment, the contract price is the initial price until modified.

(3) Under a fixed-price incentive contract, the contract price is the target price plus the not-to-exceed amount for any unpriced modifications.

However, if the contractor's properly incurred costs exceed the target price, the contracting officer may provisionally increase the price up to the ceiling or maximum price.

(4) Under a letter contract, the contract price is the maximum amount obligated by the contract as modified.

(5) Under an unpriced order issued against a basic ordering agreement, the contract price is the maximum amount obligated by the order, as modified.

(6) Any portion of the contract specifically providing for reimbursement of costs only shall be excluded from the contract price.

Item 6A. PROGRESS PAYMENT RATES - Enter the 2-digit progress payment percentage rate shown in paragraph (a) (1) of the progress payment clause.

Item 6B. LIQUIDATED RATE - Enter the current progress payment liquidation rate prescribed in the contract (FAR 52.232-16(b)) using three digits - Example: show 80% as 800 - show 72.3% as 723. Decimals between tenths must be rounded up to the next highest tenth (not necessarily the nearest tenth), since rounding down would produce a rate below the minimum rate calculated (FAR 32.503-10(b) (4)).

Item 7. DATE OF INITIAL AWARD - Enter the four digit calendar year. Use two digits to indicate the month. Example: Show January 2005 as 2005/01.

Item 8A. PROGRESS PAYMENT REQUEST NUMBER - Enter the number assigned to this request. All requests under a single contract must be numbered consecutively, beginning with 1. Each subsequent request under the same contract must continue in sequence, using the same series of numbers without omission.

Item 8B. Enter the date of the request.

SECTION II - STATEMENT OF COSTS UNDER THIS CONTRACT.

Date. In the space provided in the heading enter the date through which costs have been accumulated from inception for inclusion in this request. This date is applicable to item entries in Sections II and III.

Cost Basis. In accordance with FAR 52.232-16 (a) (1), the basis for progress payments is the contractor's total costs incurred under this contract, whether or not actually paid, plus financing payments to subcontractors (computed in accordance with FAR 52.232-16(j)), less the sum of all previous progress payments made by the Government under this contract.

Item 11. Costs eligible for progress payments under the progress payments clause. Compute the eligible costs in accordance with the requirements at FAR 52.232-16(a)(1) through (4). First articles: Before first article approval, the acquisition of materials or components for, or the commencement of production of, the balance of the contract quantity is at the sole risk of the contractor. Before the first article approval, the costs thereof shall not be allowable for purposes of progress payments. (See FAR 52.209-3(g) and FAR 52.209-4(h)).

Item 12a. Enter the total contract costs incurred to date; if the actual amount is not known, enter the best possible estimate. If an estimate is used, enter (E) after the amount.

Item 12b. Enter the estimated cost to complete the contract. The contractor shall furnish estimates to complete that have been developed or updated within six months of the date of the progress payment request. The estimates to complete shall represent the contractor's best estimate of total costs to complete all remaining contract work required under the contract. The estimates shall include sufficient detail to permit Government verification.

Items 14a through 14e. Include only financing payments (progress payments, performance-based payments, and commercial item financing) on subcontracts which are in accordance with the requirements of FAR 52.232-16(j). Do not include interim payments under a cost reimbursement contract.

Item 14a. Enter only financing payments actually paid.

Item 14b. Enter total financing payments recouped from subcontractors.

Item 14d. Include the amount of unpaid subcontract progress payment billings which have been approved by the contractor for the current payment in the ordinary course of business.

SECTION III - ADVANCE PAYMENTS/ACCEPTED ITEMS. This Section must be completed only if the contractor has received advance payments against this contract, or if the items have been delivered, invoiced and accepted as of the date indicated in the heading of Section II above.

EXCEPTION: Item 27 must be completed for all progress payment requests where the line 12c amount exceeds the amount on Line 5.

Item 20a. Of the costs reported in Item 11, compute and enter only costs which are properly allocable to items delivered, invoiced and accepted to the applicable date. In order of preference, these costs are to be computed on the basis of one of the following: (a) The actual unit cost of items delivered, giving proper consideration to the deferment of the starting load costs or (b) projected unit costs (based on experienced costs plus the estimated cost to complete the contract), where the contractor maintains cost data which will clearly establish the reliability of such estimates.

Item 23. Enter total progress payments liquidated (monies recouped from the contractor on prior billings) and those to be liquidated from billings submitted but not yet paid (monies to be recouped from the contractor on submitted but unpaid billings).

CERTIFICATION

Paragraph (f). If no financial information has been provided previously in connection with this contract, insert "N/A" in the submission date block and the financial information date block. Otherwise, insert respectively, the "as of" date of the financial information submitted last and the date of the last submission.

Standard Form 1444

AUTHORIZED FOR LOCAL REPRODUCTION					
REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND RATE			CHECK APPROPRIATE BOX <input type="checkbox"/> SERVICE CONTRACT <input type="checkbox"/> CONSTRUCTION CONTRACT	OMB Number: 9000-0089 Expiration Date: 7/31/2014	
PAPERWORK REDUCTION ACT STATEMENT: Public reporting burden for this collection of information is estimated to average .5 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 of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. General Services Administration, Regulatory Secretariat (MVCB)/IC 9000-0089, Office of Governmentwide Acquisition Policy, 1800 F Street, NW, Washington, DC 20405.					
INSTRUCTIONS: THE CONTRACTOR SHALL COMPLETE ITEMS 3 THROUGH 16, KEEP A PENDING COPY, AND SUBMIT THE REQUEST, IN QUADRUPPLICATE, TO THE CONTRACTING OFFICER.					
1. TO: ADMINISTRATOR, WAGE AND HOUR DIVISION U.S. DEPARTMENT OF LABOR WASHINGTON, D.C. 20210			2. FROM: (REPORTING OFFICE)		
3. CONTRACTOR				4. DATE OF REQUEST	
5. CONTRACT NUMBER	6. DATE BID OPENED (SEALED BIDDING)	7. DATE OF AWARD	8. DATE CONTRACT WORK STARTED	9. DATE OPTION EXERCISED (IF APPLICABLE) (SERVICE CONTRACT ONLY)	
10. SUBCONTRACTOR (IF ANY)					
11. PROJECT AND DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NEEDED)					
12. LOCATION (CITY, COUNTY AND STATE)					
13. IN ORDER TO COMPLETE THE WORK PROVIDED FOR UNDER THE ABOVE CONTRACT, IT IS NECESSARY TO ESTABLISH THE FOLLOWING RATE(S) FOR THE INDICATED CLASSIFICATION(S) NOT INCLUDED IN THE DEPARTMENT OF LABOR DETERMINATION					
NUMBER:			DATED:		
a. LIST IN ORDER: PROPOSED CLASSIFICATION TITLE(S); JOB DESCRIPTION(S); DUTIES; AND RATIONALE FOR PROPOSED CLASSIFICATIONS (Service contracts only) (Use reverse or attach additional sheets, if necessary)			b. WAGE RATE(S)		c. FRINGE BENEFITS PAYMENTS
14. SIGNATURE AND TITLE OF SUBCONTRACTOR REPRESENTATIVE (IF ANY)			15. SIGNATURE AND TITLE OF PRIME CONTRACTOR REPRESENTATIVE		
16. SIGNATURE OF EMPLOYEE OR REPRESENTATIVE		TITLE	CHECK APPROPRIATE BOX-REFERENCING BLOCK 13 <input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE		
TO BE COMPLETED BY CONTRACTING OFFICER (CHECK AS APPROPRIATE - SEE FAR 22.1019 (SERVICE CONTRACT LABOR STANDARDS) OR FAR 22.406-3 (CONSTRUCTION WAGE RATE REQUIREMENTS))					
<input type="checkbox"/> THE INTERESTED PARTIES AGREE AND THE CONTRACTING OFFICER RECOMMENDS APPROVAL BY THE WAGE AND HOUR DIVISION. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED.					
<input type="checkbox"/> THE INTERESTED PARTIES CANNOT AGREE ON THE PROPOSED CLASSIFICATION AND WAGE RATE. A DETERMINATION OF THE QUESTION BY THE WAGE AND HOUR DIVISION IS THEREFORE REQUESTED. AVAILABLE INFORMATION AND RECOMMENDATIONS ARE ATTACHED. (Send 3 copies to the Department of Labor)					
SIGNATURE OF CONTRACTING OFFICER OR REPRESENTATIVE		TITLE AND COMMERCIAL TELEPHONE NUMBER	DATE SUBMITTED		
PREVIOUS EDITION IS USABLE			STANDARD FORM 1444 (REV. 4/2013) Prescribed by GSA-FAR (48 CFR) 53.222(f)		

Standard Form 1445

LABOR STANDARDS INTERVIEW							
CONTRACT NUMBER				EMPLOYEE INFORMATION			
NAME OF PRIME CONTRACTOR				LAST NAME		FIRST NAME	
NAME OF EMPLOYER				STREET ADDRESS			
SUPERVISOR'S NAME				CITY		STATE	ZIP CODE
LAST NAME		FIRST NAME		MI	WORK CLASSIFICATION		WAGE RATE
ACTION						CHECK BELOW	
						YES	NO
Do you work over 8 hours per day?							
Do you work over 40 hours per week?							
Are you paid at least time and a half for overtime hours?							
Are you receiving any cash payments for fringe benefits required by the posted wage determination decision?							
WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE MADE FROM YOUR PAY?							
HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFORE THIS INTERVIEW?				TOOLS YOU USE			
DATE OF LAST WORK DAY BEFORE INTERVIEW (YYMMDD)							
DATE YOU BEGAN WORK ON THIS PROJECT (YYMMDD)							
THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE							
EMPLOYEE'S SIGNATURE						DATE (YYMMDD)	
INTERVIEWER	SIGNATURE			TYPED OR PRINTED NAME			DATE (YYMMDD)
INTERVIEWER'S COMMENTS							
WORK EMPLOYEE WAS DOING WHEN INTERVIEWED				ACTION (If explanation is needed, use comments section)		YES	NO
				IS EMPLOYEE PROPERLY CLASSIFIED AND PAID?			
				ARE WAGE RATES AND POSTERS DISPLAYED?			
FOR USE BY PAYROLL CHECKER							
IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA?							
<input type="checkbox"/> YES <input type="checkbox"/> NO							
COMMENTS							
CHECKER							
LAST NAME		FIRST NAME		MI	JOB TITLE		
SIGNATURE						DATE (YYMMDD)	
AUTHORIZED FOR LOCAL REPRODUCTION Previous edition not usable				STANDARD FORM 1445 (REV. 12-96) Prescribed by GSA - FAR (48 CFR) 53.222(g)			

Standard Form 1446

LABOR STANDARDS INVESTIGATION SUMMARY SHEET			
REPORTING OFFICE	CONTRACT NUMBER	CONTRACT AMOUNT	DATE OF CONTRACT
TYPE OF CONTRACT			
<input type="checkbox"/> FIXED PRICE <input type="checkbox"/> CPFF <input type="checkbox"/> OTHER (Specify)			
CONTRACTOR'S NAME AND ADDRESS (Include ZIP Code)		EMPLOYER'S NAME AND ADDRESS (Include ZIP Code) (If other than prime contractor)	
PROJECT AND LOCATION			
DESCRIPTION OF WORK			
BASIS FOR INVESTIGATION			
WAGE DETERMINATION NUMBER		WAGE DETERMINATION DATE	
NATURE AND EXTENT OF VIOLATION			
NO. EMPLOYEES INVOLVED	ARE VIOLATIONS CONSIDERED WILLFUL? <input type="checkbox"/> Yes <input type="checkbox"/> No	COPELAND ACT VIOLATIONS <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONSTRUCTION WAGE RATE REQUIREMENTS STATUTE UNDERPAYMENTS \$	CWHSS* UNDERPAYMENTS \$	CWHSS * LAW VIOLATIONS \$	
CORRECTIVE ACTIONS TAKEN			
RESTITUTION MADE <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT OF RESTITUTION \$	CONTRACTORS PAYMENT WITHHELD <input type="checkbox"/> Yes <input type="checkbox"/> No	
WITHHELD FOR CONSTRUCTION WAGE RATE REQUIREMENTS STATUTE VIOLATIONS \$	WITHHELD FOR CWHSS* UNDERPAYMENTS \$	WITHHELD FOR CWHSS* VIOLATIONS \$	
REMARKS			
PREPARED BY			
DATE	TITLE	SIGNATURE	
<small>*Contract Work Hours and Safety Standards Statute</small>			
<small>AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is usable</small>		<small>STANDARD FORM 1446 (REV. 4-2013) Prescribed by GSA-FAR (48 CFR) 53.222(h)</small>	

Standard Form 1447

[Go to <http://www.gsa.gov/forms> to access form.]

Standard Form 1449

[Go to <http://www.gsa.gov/forms> to access form.]

Optional Form 17

OF-17 (12/93) FAR (48) CFR 53.214(g)
Offer Label FAR (48) CFR 53.215-1(h)

NOTICE TO OFFEROR

1. THIS LABEL MAY ONLY BE USED ON ENVELOPES LARGER THAN 156 mm (6 1/8 INCHES) IN HEIGHT AND 292 mm (11 1/2 INCHES) IN LENGTH.
2. Print or type your name and address in the UPPER left corner of the envelope containing your offer.
3. Complete the bottom portion of this form and paste it on the LOWER left corner of the envelope, unless the envelope is 156 mm by 292 mm (6 1/8 inches by 11 1/2 inches) or smaller.

OFFER

SOLICITATION NO.
DATE FOR RECEIPT OF OFFERS
TIME FOR RECEIPT OF OFFERS
AM PM
OFFICE DESIGNATED TO RECEIVE OFFERS

SAMPLE ONLY

Optional Form 90

RELEASE OF LIEN ON REAL PROPERTY

Whereas _____, of _____, by a bond
 (Name) (Place of Residence)
 for the performance of U.S. Government Contract Number _____,
 became a surety for the complete and successful performance of said contract, which bond
 includes a lien upon certain real property further described hereafter, and

Whereas said surety established the said lien upon the following property

and recorded this pledge on _____
 (Name of Land Records)
 in the _____ of _____,
 (Locality) (State)
 and

Whereas, I, _____, being a duly
 authorized representative of the United States Government as a warranted contracting
 officer, have determined that the lien is no longer required to ensure further performance of
 the said Government contract or satisfaction of claims arising therefrom,
 and

Whereas the surety remains liable to the United States Government for continued
 performance of the said Government contract and satisfaction of claims pertaining thereto.

Now, therefore, this agreement witnesseth that the Government hereby releases the
 aforementioned lien.

[Date]

[Signature]
Seal

Optional Form 91

RELEASE OF PERSONAL PROPERTY FROM ESCROW

Whereas _____, of _____, by a bond
 (Name) (Place of Residence)
 for the performance of U.S. Government Contract Number _____,
 became a surety for the complete and successful performance of said contract, and Whereas
 said surety has placed certain personal property in escrow
 in Account Number _____ on deposit
 at _____
 (Name of Financial Institution)

located at _____, and
 (Address of Financial Institution)

Whereas I, _____, being a duly authorized
 representative of the United States government as a warranted contracting officer, have
 determined that retention in escrow of the following property is no longer required to ensure
 further performance of the said Government contract or satisfaction of claims arising
 therefrom:

and
 Whereas the surety remains liable to the United States Government for the continued
 performance of the said Government contract and satisfaction of claims pertaining thereto.

Now, therefore, this agreement witnesseth that the Government hereby releases from escrow
 the property listed above, and directs the custodian of the aforementioned escrow account to
 deliver the listed property to the surety. If the listed property comprises the whole of the
 property placed in escrow in the aforementioned escrow account, the Government further
 directs the custodian to close the account and to return all property therein to the surety, along
 with any interest accruing which remains after the deduction of any fees lawfully owed to

 (Name of Financial Institution)

[Date]

[Signature]

Seal

Optional Form 307

CONTRACT AWARD				PAGE	OF	PAGES
1. CONTRACT NUMBER		2. EFFECTIVE DATE		3. SOLICITATION NUMBER		4. REQUISITION/PROJECT NUMBER
5. ISSUED BY		CODE		6. ADMINISTERED BY (If other than Item 5)		CODE
7. NAME AND ADDRESS OF CONTRACTOR		CODE		8. PAYMENT WILL BE MADE BY		
9A. DUNS NUMBER		9B. TAXPAYER'S IDENTIFICATION NO.		10. SUBMIT INVOICES (4 copies unless otherwise specified) TO <input type="checkbox"/> ITEM 5 <input type="checkbox"/> ITEM 6 <input type="checkbox"/> ITEM 8 <input type="checkbox"/> OTHER (Specify)		
11. TABLE OF CONTENTS						
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES		
	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES
	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.		
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS		
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS
	F	DELIVERIES OR PERFORMANCE			L	INSTRS., CONDS., AND NOTICES TO OFFERORS
	G	CONTRACT ADMINISTRATION DATA			M	EVALUATION FACTORS FOR AWARD
	H	SPECIAL CONTRACT REQUIREMENTS				
12. BRIEF DESCRIPTION						
13. TOTAL AMOUNT OF CONTRACT						
14. CONTRACTOR'S AGREEMENT. Contractor agrees to furnish and deliver the items or perform services to the extent stated in this document for the consideration stated. The rights and obligations of the parties to this contract shall be subject to and governed by this document and any documents attached or incorporated by reference.				15. AWARD. The Government hereby accepts your offer on the solicitation identified in item 3 above as reflected in this award document. The rights and obligations of the parties to this contract shall be subject to and governed by this document and any documents attached or incorporated by reference.		
<input type="checkbox"/> A. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN FOUR COPIES TO THE ISSUING OFFICE. (Check if applicable)						
B. SIGNATURE OF PERSON AUTHORIZED TO SIGN				A. UNITED STATES OF AMERICA (Signature of Contracting Officer)		
C. NAME OF SIGNER						
D. TITLE OF SIGNER				B. NAME OF CONTRACTING OFFICER		
E. DATE				C. DATE		
AUTHORIZED FOR LOCAL REPRODUCTION				OPTIONAL FORM 307 (9-97) Prescribed by GSA - FAR (48 CFR) 53.215-1(e)		

Optional Form 308

SOLICITATION AND OFFER - NEGOTIATED ACQUISITION						PAGE	OF	PAGES
I. SOLICITATION								
1. SOLICITATION NUMBER			2. DATE ISSUED		3. OFFERS DUE BY		4. OFFERS VALID FOR 60 DAYS UNLESS A DIFFERENT PERIOD IS ENTERED HERE	
5. ISSUED BY					6. ADDRESS OFFER TO <i>(If other than Item 5)</i>			
7. FOR INFORMATION CALL <i>(No collect calls)</i>								
A. NAME			B. TELEPHONE			C. E-MAIL ADDRESS		
			AREA CODE		PHONE NUMBER			
8. BRIEF DESCRIPTION								
9. TABLE OF CONTENTS								
(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)	
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES				
	A	SOLICITATION/CONTRACT FORM			I	CONTRACT CLAUSES		
	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.				
	C	DESCRIPTION/SPECS./WORK STATEMENT			J	LIST OF ATTACHMENTS		
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS				
	E	INSPECTION AND ACCEPTANCE			K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS		
	F	DELIVERIES OR PERFORMANCE			L	INSTRS., CONDS., AND NOTICES TO OFFERORS		
	G	CONTRACT ADMINISTRATION DATA			M	EVALUATION FACTORS FOR AWARD		
	H	SPECIAL CONTRACT REQUIREMENTS						
II. OFFER								
The undersigned agrees to furnish and deliver the items or perform services to the extent stated in this document for the consideration stated. The rights and obligations of the parties to the resultant contract shall be subject to and governed by this document and any documents attached or incorporated by reference.								
10A. PERSONS AUTHORIZED TO NEGOTIATE			10B. TITLE			10C. TELEPHONE		
						AREA CODE		NUMBER
11. NAME AND ADDRESS OF OFFEROR				12A. SIGNATURE OF PERSON AUTHORIZED TO SIGN				
				12B. NAME OF SIGNER				
				12C. TITLE OF SIGNER				
				12D. DATE		12E. TELEPHONE		
						AREA CODE		NUMBER
AUTHORIZED FOR LOCAL REPRODUCTION				OPTIONAL FORM 308 (9-97) Prescribed by GSA - FAR (48 CFR) 53.215-1(f)				

Optional Form 309

AMENDMENT OF SOLICITATION <i>(Negotiated Procurements)</i>			PAGE _____ OF _____ PAGES
<p>NOTICE: Offerors must acknowledge receipt of this amendment in writing, by the date and time specified for proposal submissions or the date and time specified in Block 6, whichever is later. IF YOUR ACKNOWLEDGMENT IS NOT RECEIVED AT THE DESIGNATED LOCATION BY THE SPECIFIED DATE AND TIME, YOUR OFFER MAY BE REJECTED. If, by virtue of this amendment, you wish to change your offer, such change must make reference to the solicitation and this amendment and be received prior to the date and time specified in Block 6.</p>			
I. AMENDMENT			
1. SOLICITATION NUMBER	2. SOLICITATION DATE	3. AMENDMENT NUMBER	4. AMENDMENT DATE
5. ISSUED BY		6. DUE DATE	
		THIS AMENDMENT DOES NOT CHANGE THE DATE BY WHICH OFFERS ARE DUE UNLESS A DATE AND TIME IS INSERTED BELOW.	
		A. DATE	B. TIME
7. FOR INFORMATION CALL <i>(No collect calls)</i>			
A. NAME		B. TELEPHONE	C. E-MAIL ADDRESS
		AREA CODE	PHONE NUMBER
8. DESCRIPTION OF AMENDMENT			
<p>Except as provided herein, all terms and conditions of the solicitation remain unchanged and in full force and effect.</p>			
II. ACKNOWLEDGMENT OF AMENDMENT			
<p>In lieu of other written methods of acknowledgment, the offeror may complete Blocks 9 and 10 and return this amendment to the address in Block 5.</p>			
9. NAME AND ADDRESS OF OFFEROR		10A. OFFEROR <i>(Signature of person authorized to sign)</i>	
		10B. NAME OF SIGNER	
		10C. TITLE OF SIGNER	
		10D. DATE	
AUTHORIZED FOR LOCAL REPRODUCTION		OPTIONAL FORM 309 (9-97) Prescribed by GSA - FAR (48 CFR) 53.215-1(g)	

Optional Form 312 (Back)

GENERAL INFORMATION INSTRUCTIONS

1. This form collects data on the participation of small disadvantaged business concerns in contracts that contain the clause at FAR 52.219-25, Small Disadvantaged Business Participation Program - Disadvantaged Status and Reporting.
2. Submit this report to the contracting officer. If your organization is required to report subcontracting data under an individual subcontracting plan, you may attach this report to the final SF 294, Subcontracting Report for Individual Contracts, submitted under the contract.
3. Report in whole dollars.

SPECIFIC INSTRUCTIONS

Block 3. Report the total dollar amount of participation of small disadvantaged business concerns under the contract cited in Block 2. Participation may be through subcontracting, teaming arrangement, joint ventures, or as the prime contractor (provided the prime contractor waived its right to a price evaluation adjustment).

Block 4. Report the participation, if any, by small disadvantaged business concerns in this contract at the prime contract level. All prime contract dollars must be reported under the North American Industrial Classification System (NAICS) assigned to the prime contract. Report the dollar amount and percentage of the total contract value.

Block 5. Report, by NAICS Industry Subsector, as determined by the Department of Commerce, the participation by small disadvantaged business concerns in this contract at the subcontract level. Report the dollar amount and percentage of the total contract value.

Block 6. Provide the name, telephone number, and e-mail address of the individual who can answer questions related to this report.

Optional Form 336

CONTINUATION SHEET		REFERENCE NO. OF DOCUMENT BEING CONTINUED		PAGES	
NAME OF OFFEROR OR CONTRACTOR					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
NSN 7540-01-152-8067		OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110			

Optional Form 347

[Go to <http://www.gsa.gov/forms> to access form.]

Optional Form 348

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION						PAGE NO.
IMPORTANT: Mark all packages and papers with contract and/or order numbers.						
DATE OF ORDER		CONTRACT NO.		ORDER NO.		
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17h))				▶		

AUTHORIZED FOR LOCAL REPRODUCTION
 PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 348 REV. (4/2006)
 Prescribed by GSA - FAR (48 CFR) 53.213(f)

Form DD 254

DEPARTMENT OF DEFENSE CONTRACT SECURITY CLASSIFICATION SPECIFICATION <i>(The requirements of the DoD Industrial Security Manual apply to all security aspects of this effort.)</i>				1. CLEARANCE AND SAFEGUARDING a. FACILITY CLEARANCE REQUIRED b. LEVEL OF SAFEGUARDING REQUIRED			
2. THIS SPECIFICATION IS FOR: <i>(X and complete as applicable)</i> a. PRIME CONTRACT NUMBER b. SUBCONTRACT NUMBER c. SOLICITATION OR OTHER NUMBER DUE DATE (YYYYMMDD)			3. THIS SPECIFICATION IS: <i>(X and complete as applicable)</i> a. ORIGINAL <i>(Complete date in all cases)</i> DATE (YYYYMMDD) b. REVISED <i>(Supersedes all previous specs)</i> REVISION NO. DATE (YYYYMMDD) c. FINAL <i>(Complete Item 5 in all cases)</i> DATE (YYYYMMDD)				
4. IS THIS A FOLLOW-ON CONTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO. If Yes, complete the following: Classified material received or generated under _____ <i>(Preceding Contract Number)</i> is transferred to this follow-on contract.							
5. IS THIS A FINAL DD FORM 254? <input type="checkbox"/> YES <input type="checkbox"/> NO. If Yes, complete the following: In response to the contractor's request dated _____, retention of the classified material is authorized for the period of _____.							
6. CONTRACTOR <i>(Include Commercial and Government Entity (CAGE) Code)</i> a. NAME, ADDRESS, AND ZIP CODE b. CAGE CODE c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>							
7. SUBCONTRACTOR a. NAME, ADDRESS, AND ZIP CODE b. CAGE CODE c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>							
8. ACTUAL PERFORMANCE a. LOCATION b. CAGE CODE c. COGNIZANT SECURITY OFFICE <i>(Name, Address, and Zip Code)</i>							
9. GENERAL IDENTIFICATION OF THIS PROCUREMENT							
10. CONTRACTOR WILL REQUIRE ACCESS TO:		YES	NO	11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:		YES	NO
a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION				a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY			
b. RESTRICTED DATA				b. RECEIVE CLASSIFIED DOCUMENTS ONLY			
c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION				c. RECEIVE AND GENERATE CLASSIFIED MATERIAL			
d. FORMERLY RESTRICTED DATA				d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE			
e. INTELLIGENCE INFORMATION				e. PERFORM SERVICES ONLY			
(1) Sensitive Compartmented Information (SCI)				f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES			
(2) Non-SCI				g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER			
f. SPECIAL ACCESS INFORMATION				h. REQUIRE A COMSEC ACCOUNT			
g. NATO INFORMATION				i. HAVE TEMPEST REQUIREMENTS			
h. FOREIGN GOVERNMENT INFORMATION				j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS			
i. LIMITED DISSEMINATION INFORMATION				k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE			
j. FOR OFFICIAL USE ONLY INFORMATION				l. OTHER <i>(Specify)</i>			
k. OTHER <i>(Specify)</i>							

DD FORM 254, DEC 1999

PREVIOUS EDITION IS OBSOLETE.

Reset

Form DD 254 (Reverse)

12. PUBLIC RELEASE. Any information (*classified or unclassified*) pertaining to this contract shall not be released for public dissemination except as provided by the Industrial Security Manual or unless it has been approved for public release by appropriate U.S. Government authority. Proposed public releases shall be submitted for approval prior to release Direct Through (*Specify*)

to the Directorate for Freedom of Information and Security Review, Office of the Assistant Secretary of Defense (Public Affairs)* for review.
 *In the case of non-DoD User Agencies, requests for disclosure shall be submitted to that agency.

13. SECURITY GUIDANCE. The security classification guidance needed for this classified effort is identified below. If any difficulty is encountered in applying this guidance or if any other contributing factor indicates a need for changes in this guidance, the contractor is authorized and encouraged to provide recommended changes; to challenge the guidance or the classification assigned to any information or material furnished or generated under this contract; and to submit any questions for interpretation of this guidance to the official identified below. Pending final decision, the information involved shall be handled and protected at the highest level of classification assigned or recommended. (*Fill in as appropriate for the classified effort. Attach, or forward under separate correspondence, any documents/guides/extracts referenced herein. Add additional pages as needed to provide complete guidance.*)

14. ADDITIONAL SECURITY REQUIREMENTS. Requirements, in addition to ISM requirements, are established for this contract. Yes No
 (*If Yes, identify the pertinent contractual clauses in the contract document itself, or provide an appropriate statement which identifies the additional requirements. Provide a copy of the requirements to the cognizant security office. Use Item 13 if additional space is needed.*)

15. INSPECTIONS. Elements of this contract are outside the inspection responsibility of the cognizant security office. Yes No
 (*If Yes, explain and identify specific areas or elements carved out and the activity responsible for inspections. Use Item 13 if additional space is needed.*)

16. CERTIFICATION AND SIGNATURE. Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified effort. All questions shall be referred to the official named below.

a. TYPED NAME OF CERTIFYING OFFICIAL

b. TITLE

c. TELEPHONE (*Include Area Code*)

d. ADDRESS (*Include Zip Code*)

17. REQUIRED DISTRIBUTION

- a. CONTRACTOR
- b. SUBCONTRACTOR
- c. COGNIZANT SECURITY OFFICE FOR PRIME AND SUBCONTRACTOR
- d. U.S. ACTIVITY RESPONSIBLE FOR OVERSEAS SECURITY ADMINISTRATION
- e. ADMINISTRATIVE CONTRACTING OFFICER
- f. OTHERS AS NECESSARY

e. SIGNATURE

Form DD 441

DEPARTMENT OF DEFENSE
SECURITY AGREEMENTForm Approved
OMB No. 0704-0194
Expires Sep 30, 2007

The public reporting burden for this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0194). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO YOUR RESPECTIVE COGNIZANT SECURITY OFFICE.

This DEPARTMENT OF DEFENSE SECURITY AGREEMENT (*hereinafter called the Agreement*), entered into this _____ day of _____, _____ by and between THE UNITED STATES OF AMERICA through the Defense Security Service acting for the Department of Defense and other governmental User Agencies (*hereinafter called the Government*), and _____ (*hereinafter called the Contractor*), which is:

- (1) a corporation organized and existing under the laws of the state of _____
- (2) a partnership consisting of _____
- (3) an individual trading as _____
- with its principal office and place of business at (*Street, City, State and ZIP Code*) _____

WITNESSETH THAT:

WHEREAS, the Government has in the past purchased or may in the future purchase from the Contractor supplies or services, which are required and necessary to the national security of the United States; or may invite bids or request quotations on proposed contracts for the purchase of supplies or services, which are required and necessary to the national security of the United States; and

WHEREAS, it is essential that certain security measures be taken by the Contractor prior to and after being accorded access to classified information; and

WHEREAS, the parties desire to define and set forth the precautions and specific safeguards to be taken by the Contractor and the Government in order to preserve and maintain the security of the United States through the prevention of improper disclosure of classified information, sabotage, or any other acts detrimental to the security of the United States;

NOW, THEREFORE, in consideration of the foregoing and of the mutual promises herein contained, the parties hereto agree as follows.

Section I - SECURITY CONTROLS

(A) The Contractor agrees to provide and maintain a system of security controls within the organization in accordance with the requirements of the "National Industrial Security Program Operating Manual," DoD 5220.22-M (*hereinafter called the Manual*) attached hereto and made a part of this agreement, subject, however, (i) to any revisions of the Manual required by the demands of national security as determined by the Government, notice of which shall be furnished to the Contractor, and (ii) to mutual agreements entered into by the parties in order to adapt the Manual to the Contractor's business and necessary procedures thereunder. In order to place in effect such security controls, the Contractor further agrees to prepare Standard Practice Procedures for internal use, such procedures to be consistent with the Manual. In the event of any inconsistency between the Manual, as revised, and the Contractor's Standard Practice Procedures, the Manual shall control.

(B) The Government agrees that it shall indicate when necessary, by security classification (TOP SECRET, SECRET, or CONFIDENTIAL), the degree of importance to the national security of information pertaining to supplies, services, and other matters to be furnished by the Contractor to the Government or by the Government to the Contractor, and the Government shall give written notice of such security classification to the Contractor and of any subsequent changes thereof; provided, however, that matters requiring security classification will be assigned the least restricted security classification consistent with proper safeguarding of the matter concerned, since overclassification causes unnecessary operational delays and depreciates the importance of correctly classified matter. Further, the Government agrees that when Atomic Energy information is involved it will, when necessary, indicate by a marking additional to the classification marking that the information is "RESTRICTED DATA." The "Department of Defense Contract Security Classification Specification" (DD Form 254) is the basic document by which classification, regrading, and declassification specifications are documented and conveyed to the Contractor.

(C) The Government agrees, on written application, to grant personnel security clearances to eligible employees of the Contractor who require access to information classified TOP SECRET, SECRET, or CONFIDENTIAL.

(D) The Contractor agrees to determine that any subcontractor, subbidder, individual, or organization proposed for the furnishing of supplies or services which will involve access to classified information, has been granted an appropriate facility security clearance, which is still in effect prior to according access to such classified information.

Section II - SECURITY REVIEWS

Designated representatives of the Government responsible for reviews pertaining to industrial plant security shall have the right to review, at reasonable intervals, the procedures, methods, and facilities utilized by the Contractor in complying with the requirements of the terms and conditions of the Manual. Should the Government, through its authorized representative, determine that the Contractor's security methods, procedures, or facilities do not comply with such requirements, it shall submit a written report to the Contractor advising of the deficiencies.

DD FORM 441, OCT 2004

PREVIOUS EDITION IS OBSOLETE.

Form DD 441 (Reverse)

Section III - MODIFICATION

Modification of this Agreement may be made only by written agreement of the parties hereto. The Manual may be modified in accordance with Section I of this Agreement.

Section IV - TERMINATION

This Agreement shall remain in effect until terminated through the giving of 30 days' written notice to the other party of intention to terminate; provided, however, notwithstanding any such termination, the terms and conditions of this Agreement shall continue in effect so long as the Contractor possesses classified information.

Section V - PRIOR SECURITY AGREEMENTS

As of the date hereof, this Agreement replaces and succeeds

any and all prior security or secrecy agreements, understandings, and representations, with respect to the subject matter included herein, entered into between the Contractor and the Government; provided, that the term "security or secrecy agreements, understandings, and representations: shall not include agreements, understandings, and representations contained in contracts for the furnishing of supplies or services to the Government which were previously entered into between the Contractor and the Government.

Section VI - SECURITY COSTS

This Agreement does not obligate Government funds, and the Government shall not be liable for any costs or claims of the Contractor arising out of this Agreement or instructions issued hereunder. It is recognized, however, that the parties may provide in other written contracts for security costs, which may be properly chargeable thereto.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year written above:

THE UNITED STATES OF AMERICA

By _____
(Signature of Authorized Government Representative)

(Typed Name of Authorized Government Representative)

(Typed Name of Authorized Government Agency)

(Typed Name of Contractor Entering Agreement)

WITNESS

By _____
(Signature of Authorized Contractor Representative)

(Typed Name of Authorized Contractor Representative)

(Title of Authorized Contractor Representative)

NOTE: In case of a corporation, a witness is not required but the certificate must be completed. Type or print names under all signatures.

(Contractor Address)

(Contractor Address)

NOTE: Contractor, if a corporation, should cause the following certificate to be executed under its corporate seal, provided that the same officer shall not execute both the Agreement and the Certificate.

CERTIFICATE

I, _____, certify that I am the _____
of the corporation named as Contractor herein; that _____
who signed this Agreement on behalf of the Contractor, was then _____
of said corporation; that said Agreement was duly signed for and in behalf of said corporation by authority of its governing body, and is within the scope of its corporate powers.

(Corporate Seal)

(Signature and Date)

Form WH-347

[Go to <http://www.dol.gov/whd/forms/wh347.pdf> to access form.]

FEDERAL ACQUISITION REGULATION

APPENDIX

The official codified Cost Accounting Standards appear at 48 CFR Chapter 99.
This Chapter may be accessed via the website at www.gpoaccess.gov/cfr/index.html.

This page intentionally left blank.

APPENDIX—COST ACCOUNTING STANDARDS PREAMBLES AND REGULATIONS*

PART III—PREAMBLES PUBLISHED UNDER THE FAR SYSTEM

* This Appendix is provided for the convenience of user of the looseleaf FAR.
The official codified Cost Accounting Standards appear at 48 CFR 99.

This page intentionally left blank.

**PART III—PREAMBLES PUBLISHED UNDER THE
FAR SYSTEM**

This page intentionally left blank.

PART III—PREAMBLES PUBLISHED UNDER THE FAR SYSTEM

PREAMBLE A TO 30.404, CAPITALIZATION OF TANGIBLE ASSETS

This final rule, in Federal Acquisition Circular (FAC) 84-38, revises 30.404-40(b)(1), 30.404-60(a)(1), and 30.404-60(a)(1)(i).

SUMMARY

Section 30.404 requires that contractors have written policies for capitalization which must include a minimum acquisition cost criterion of \$1000. The standard is being amended to raise the threshold to \$1500. The purpose of the change is to permit contractors to adopt practices appropriate in today's economy.

Effective Date: The effective date of this modification is September 19, 1988.

BACKGROUND

Supplementary Information. The CAS Board established the minimum acquisition cost criterion for capitalization at \$500 when it originally promulgated CAS 404 in 1973. The Board's initial \$500 limitation encompassed the practices of 97 percent of the companies whose Disclosure Statements were filed with the Board. In the promulgation comments to the Standard, the Board recommended that the special limits in the standard "...may need to be reviewed in the future...(and will be revised) promptly if developments warrant a change."

On March 3, 1980, the Board did revise the limitation upward to \$1000 as it recognized that circumstances had changed significantly since the promulgation of Standard 404. The Board found that the performance of several official indices showed increases from 60 to 80 percent, and a survey of companies not influenced by the limitation of Standard 404 showed a significant number using \$1000 as the minimum criterion for capitalization.

The impact of inflation has continued over the 7 years since 1980, although at a lower level. Indices from the Commerce Department for the implicit price deflators on nonresidential structures and machinery and equipment showed increases from 30 to 35 percent over the period 1979 through 1985. When applied to the current \$1000 criterion, this yields values from \$1300 to \$1350. In addition, economic projections showed inflation levels rising slightly from 1986 through 1989. Consequently, this change increases the minimum acquisition cost criterion for capitalization of tangible capital assets to \$1500 to cover both actual and projected price increases.

The amendment which is now being promulgated is derived directly from the proposed rule which was published in the *Federal Register* on July 9, 1986 (51 FR 24971), with an invitation for interested parties to submit comments.

Four letters of comment were received on the July 9, 1986, proposal. Only one letter directly addressed the appropriateness of the proposed revisions to 30.404. That comment stated that inflation should not be the motivating factor in determining significant costs for capitalization, but rather materiality of the cost should be the factor in determining significance.

The CAS Board's comments in the CAS 404 preamble and its action to increase the capitalization threshold based upon inflation, discussed above, indicate that the Board considered the materiality

and significance of asset acquisition cost to be directly related to the level of prices in the economy. The Defense Acquisition Regulations Council and the Civilian Agency Acquisition Council agree with the CAS Board's outlook on this matter and expect the increase in capitalization threshold provided in this modification to 30.404 will be beneficial to Government contract costing by not requiring capitalization of assets that are of insignificant value.

PREAMBLE A TO 30.416, ACCOUNTING FOR INSURANCE COSTS

This final rule, in Federal Acquisition Circular (FAC) 84-38, revises 30.416-50(a)(3)(ii).

SUMMARY

FAR 30.416-50(a)(3)(ii) revisions delete the requirement to use state rates in discounting certain self-insured losses to present value.

Effective Date: The effective date of this modification is September 19, 1988.

This modification shall be followed by each contractor on or after the start of its next cost accounting period, beginning after receipt of a contract to which this modification is applicable.

BACKGROUND

Supplementary Information. Section 30.416 provides that the amount of insurance cost to be assigned to a cost accounting period is the projected average loss (PAL) for that period plus insurance administration expense in that period. The PAL is either the insurance premium, where the risk of loss is covered by the purchase of insurance, or a self-insurance charge, where the exposure to risk is not covered by the purchase of insurance. Where it is probable that the actual amount of losses will not differ significantly from the PAL, the actual amount of losses may be considered to represent the PAL for the period as the self-insurance charge.

In self-insurance, when the actual amount of losses is being used to represent the PAL, contractors are to discount those losses to present value, where payments to the claimant will not take place for over a year after the loss occurs. If a state provides a discount rate for computing lump-sum settlements, 30.416 requires that the state rate be used for computing present value. Otherwise, the Pub. L. 92-41 Treasury rate is to be used. The differing rates specified by the states, and the lack of specified rates in some states, result in inconsistent treatment of self-insurance charges on defense contracts.

The purpose of requiring a present value computation for contract cost accounting purposes is to recognize the time value of money for funds advanced to and used by the contractor for extended periods before being disbursed. The Pub. L. 92-41 Treasury rate is generally specified for this purpose. The majority of state laws covering worker's compensation insurance specify a rate in the range of 3-6 percent. The use of a low rate results in a larger settlement than would use of a current money market rate. The purpose of low state rates is to discourage lump-sum settlements. This purpose is unrelated to that of fair valuation for contract cost accounting purposes. The use of state rates may produce inaccurate measures of present values and will most certainly create inconsistencies in the pricing of

contracts due to the lack of consistent determinations of present values. Consequently, the proposed rule, published in the *Federal Register* on July 8, 1986 (51 FR 24788), deleted the reference to state discount rates at 30.416-50(a)(3)(ii) and required use of the Pub. L. 92-41 Treasury rate in all cases.

Four comments were received in response to the proposed rule. None of the comments directly challenged the appropriateness of the proposed revision. Therefore, no changes were made to the proposed rule as a result of the public comments.

FAC 2005-65 JANUARY 29, 2013

FEDERAL ACQUISITION REGULATION

INDEX PAGES 1-144 [REMOVED]

FAR Correction(s)

Please complete this form to notify the Regulatory Secretariat of errors, omissions, or inconsistencies in the text of the FAR or FACs and submit via mail or facsimile to:

General Services Administration
Regulatory Secretariat Division (MVCB)
1275 First Street, NE
7th Floor, 783E
Washington, DC 20417

Telephone: (202) 501-4755
Facsimile: (202) 501-4067

FAR PART, SUBPART, OR SECTION: _____

PAGE NUMBER: _____

NATURE OF ERROR(S): _____

NAME: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

ADDRESS: _____
