SOLICITATI	ON, OF	FER AND AWAR		S CONT				ATED ORDE 00)		RATING		PAGE O	FPAGE	
2. CONTRACT NUM	BER	3. SOLICITATION			4. T	YPE Sea	E OF S	OLICITATION ID (IFB) TED (RFP)	5. DATE	SUED	6. REQU NUMB	ISITION/PU ER	IRCHASE	
7. ISSUED BY		СС	DE					S OFFER TO	(If other t	han item 7)				
NOTE: In seale	d bid soli	citations "offer" and "o	offeror" mea	n "bid" SOLI										
handcarried, in the	depository	copies		ne supplie	es or s	ervi	ices in	until(/	lo Hour)	ocal time	(Date))		
contained in this solici 10. FOR INFORMATIO CALL:	tation.	A. NAME			B.	TEL	_EPHO	NE <i>(NO COLL</i> JMBER	ECT CAL		MAIL ADDR			
			11.	TABLE	OF (COI	NTEN	TS	I	<u> </u>				
(X) SEC.		DESCRIPTION RT I - THE SCHEDULE		PAGE(S	S) (.	X)		CONTRACT					PAGE(S	
	SOLICITATION/CONTRACT FORM SUPPLIES OR SERVICES AND PRICES/COSTS							RT III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.						
E INSPEC							FART IV - REPRESENTATIONS AND INSTRUCTIONS K REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS							
						L INSTRS., CONDS., AND NOTICES TO OFFERORS M EVALUATION FACTORS FOR AWARD								
H SPECIAI	_ CONTRAC	CT REQUIREMENTS	OFFER (Mu	st ho fu						RS FOR AWA	RD			
12. In compliance wit period is inserted	h the above by the offer ed at the de		this offer is ac	cepted wit fied above in the scl	thin e, to fi hedul	urni: Ə.	sh any	calenc or all items up	lar days (6 oon which	60 calendar da prices are offe NDAR DAYS	ered at the p	rice set opp	osite AR DAYS (%	
14. ACKNOWLED		, .	AMENDME	NT NO.				DATE		AMENDMEN	NT NO.		DATE	
	ne SOLICIT/	wledges receipt of ATION for offerors ered and dated):												
15A. NAME AND	CODE FACILITY					16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OF (Type or print)							OFFER	
ADDRESS OF OFFEROR														
15B. TELEPHONE NUMBER 15C. CHECK IF REMITTANCE ADDRES REA CODE NUMBER EXT. IS DIFFERENT FROM ABOVE - E SUCH ADDRESS IN SCHEDULE.						ER		17. SIGNATU	RE			18. OI	FFER DATE	
10 1005555			AWARD (TO	o be con				,		DIATION		<u> </u>		
19. ACCEPTED AS TO	J TIEMS NU	JMBERED	20. AMOUNT		21	. /	ACCOL	JNTING AND	APPROPI	RIATION				
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION:								IT INVOICE /N IN (4 copi		DRESS otherwise spe	ecified)			
24. ADMINISTERED BY (If other than Item 7) CODE						. F	PAYME	NT WILL BE	MADE BY	,	CC	DE		
26. NAME OF CONTRACTING OFFICER (Type or print)						27. UNITED STATES OF AMERICA 28. AWARD DATE								
IMPORTANT - Award	will be made	e on this Form, or on Stand	ard Form 26. o	r by other	autho	orize	ed offici	(Signature of ial written notion		ting Officer)				