

CONTRACT PRICING PROPOSAL COVER SHEET <i>(Cost or Pricing Data Required)</i>	1. SOLICITATION/CONTRACT/MODIFICATION NUMBER	OMB No.: 9000-0013 Expires:
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Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection 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.

2a. NAME OF OFFEROR Office of Research Administration and Advancement			3a. NAME OF OFFEROR'S POINT OF CONTACT		3c. TELEPHONE	
2b. FIRST LINE ADDRESS University of Maryland, College Park			3b. TITLE OF OFFEROR'S POINT OF CONTACT Contract Administrator		AREA CODE 301	NUMBER 405-6269
2c. STREET ADDRESS 3112 Lee Building			4. TYPE OF CONTRACT ACTION (Check)			
2d. CITY College Park			2e. STATE MD		2f. ZIP CODE 20742-5141	
5. TYPE OF CONTRACT (Check)			<input type="checkbox"/> a. NEW CONTRACT		<input type="checkbox"/> d. LETTER CONTRACT	
<input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF			<input type="checkbox"/> b. CHANGE ORDER		<input type="checkbox"/> e. UNPRICED ORDER	
<input type="checkbox"/> FPI <input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> c. PRICE REVISION/ REDETERMINATION		<input type="checkbox"/> f. OTHER (Specify) _____	
			6. PROPOSED COST (A+B=C)			
			A. COST		B. PROFIT/FEE	
			\$		\$ 0.	
			C. TOTAL			
			\$			

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

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

a. LINE ITEM NO.	b. IDENTIFICATION	c. QUANTITY*	d. TOTAL PRICE	e. PROP. REF. PAGE
	(continued on reverse)	*Not separately priced		

9. PROVIDE THE FOLLOWING (If available)

NAME OF CONTRACT ADMINISTRATION OFFICE ONRRR - Atlanta Regional Office				NAME OF AUDIT OFFICE DHHS Office of Audit, Region III			
STREET ADDRESS 100 Alabama Street NW, Suite 4R15				STREET ADDRESS 150 South Independence Mall West, Suite 3161			
CITY Atlanta		STATE GA	ZIP CODE 30303-3104	CITY Philadelphia		STATE PA	ZIP CODE 19106-4501
TELEPHONE		AREA CODE (404)	NUMBER 562-1600	TELEPHONE		AREA CODE (215)	NUMBER 861-4501

10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "yes," identify) <input type="checkbox"/> YES <input type="checkbox"/> NO	11a. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? (If "yes," complete Item 11b.) <input type="checkbox"/> YES <input type="checkbox"/> NO	11b. TYPE OF FINANCING (Check one) <input type="checkbox"/> ADVANCE PAYMENT <input type="checkbox"/> PROGRESS PAYMENTS <input type="checkbox"/> GUARANTEED LOANS
12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "yes," identify item(s), customer(s) and contract number(s) on reverse of form.) <input type="checkbox"/> YES <input type="checkbox"/> NO	13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31, COST PRINCIPLES? (If "no," explain on reverse of form.) <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

a. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (if "no," explain in proposal.) <input type="checkbox"/> YES <input type="checkbox"/> NO	b. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)? (If "yes," specify in proposal the office to which submitted and if determined to be adequate.) <input type="checkbox"/> YES DHHS-Div. of Cost Allocation-Adequate DS-2 <input type="checkbox"/> NO Proposal Submitted 12/20/96
c. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NONCOMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNT STANDARDS? (if "yes," explain in proposal.) <input type="checkbox"/> YES <input type="checkbox"/> NO	d. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (if "yes," explain in proposal.) <input type="checkbox"/> YES <input type="checkbox"/> NO

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

15. NAME OF OFFEROR (Type)	15. TITLE OF OFFEROR (Type)	16. NAME OF FIRM University of Maryland at College Park
17. SIGNATURE		18. DATE OF SUBMISSION