

INFORMATION TO OFFERORS, BIDDERS, OR QUOTERS
(Section A - Cover Sheet)

SOLICITATION NUMBER:

- Advertised (IFB) Negotiated (RFP)
 Negotiated (RFQ)

ISSUING OFFICE (Complete mailing address including ZIP code)

ITEM(S) TO BE PURCHASED (Brief description)

THIS PROCUREMENT IS:

- Unrestricted Set - Aside (This is a _____ % set - aside for Small Business, Labor Surplus Area concerns, or
 Combined (Small Business/Labor Surplus Area Concern) (See Section C of the Table of Contents in this solicitation for details of the set - aside)

NOTE THE AFFIRMATIVE ACTION REQUIREMENT OF THE EQUAL OPPORTUNITY CLAUSE WHICH MAY APPLY TO THE CONTRACT RESULTING FROM THIS SOLICITATION.

You are cautioned to note the "Certificate of Non-Segregated Facilities" in this solicitation. Failure to agree to the certification will render your reply nonresponsive to the terms of solicitations involving awards of contracts exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity clause.

"Fill-ins" are provided in Part IV, Representations and Instructions, or other solicitation documents and Sections of Table of Contents in this solicitation and should be examined for applicability.

See the paragraph of this solicitation entitled "Late Bids, Modifications of Bids or Withdrawal of Bids" or "Late Proposals, Modifications of Proposals and Withdrawals of Proposals."

The envelope used in submitting your reply must be clearly marked with the Solicitation Number, as shown above and the date and local time set forth for bid opening or receipt of proposals in the solicitation document.

If NO RESPONSE is to be submitted, detach this sheet from the solicitation, complete the information requested on the reverse, fold, affix postage, and mail. NO ENVELOPE IS NECESSARY.

Replies must set forth full, accurate, and complete information as required by this solicitation (including attachments). The penalty for making false statements is prescribed in 18 U.S.C. 1001

ADDITIONAL INFORMATION

FOR INFORMATION ON THIS PROCUREMENT WRITE OR CALL

NAME AND ADDRESS

NO COLLECT CALLS

TELEPHONE NO. (Area Code, No. & Ext.)

NO RESPONSE FOR REASONS CHECKED

<input type="checkbox"/>	CANNOT COMPLY WITH SPECIFICATIONS	<input type="checkbox"/>	CANNOT MEET DELIVERY REQUIREMENT
<input type="checkbox"/>	UNABLE TO IDENTIFY ITEM(S)	<input type="checkbox"/>	DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEM(S) INVOLVED

OTHER (Specify):

WE DO WE DO NOT DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE OF ITEM(S) INVOLVED

NAME AND ADDRESS OF FIRM (including ZIP Code)	SIGNATURE
	TYPE OR PRINT NAME AND TITLE OF SIGNER

PLACE
POSTAGE
HERE

TO:

Solicitation No. _____

Date and Local Time _____