|  |  |
| --- | --- |
| **SUBCONTRACT PRICING PROPOSAL COVER SHEET*****(Cost or Pricing Data Required)*** | 1. SOLICITATION or SUBCONTRACT MODIFICATION NUMBER |
|       |
| 2a. NAME OF OFFEROR | 3a. NAME OF OFFEROR'S POINT OF CONTACT | 3c. TELEPHONE |
|       |       |       |
| 2b. FIRST LINE ADDRESS | 3b. TITLE OF OFFEROR'S POINT OF CONTACT | 3d EMAIL ADDRESS |
|       |       |       |
| 2c. STREET ADDRESS | **4. TYPE OF CONTRACT ACTION *(Check)*** |
|       | [ ]  NEW SUBCONTRACT | [ ]  LETTER SUBCONTRACT |
| 2d. CITY | 2e. STATE | 2f. ZIP CODE | [ ]  DIRECTED CHANGE ORDER | [ ]  UNPRICED ORDER |
|       |       |       | [ ]  PRICE REVISION/ REDETERMINATION | [ ]  OTHER *(Specify)* |
| **5. TYPE OF CONTRACT (Check)** | **6. PROPOSED COST (A+B=C)** |
| [ ]  FFP [ ]  CPFF [ ]  CPIF [ ]  CPAF [ ]  FPI | A. COST | B. PROFIT/FEE | C. TOTAL |
| [ ]  OTHER *(Specify on a separate sheet of paper and attach to this form.)* |       |       |       |
| **7. PERFORMANCE** |
| PLACE | a. |       | PERIOD | a. |       |
| b. |       | b. |       |
| **8. PROVIDE THE FOLLOWING (If applicable)** |
| NAME OF GOVERNMENT SUBCONTRACT ADMINISTRATION OFFICE | NAME OF GOVERNMENT AUDIT OFFICE |
|       |       |
| STREET ADDRESS | STREET ADDRESS |
|       |       |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|       |       |       |       |       |       |
| TELEPHONE NUMBER | TELEPHONE NUMBER |
|       |       |
| 9. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS/SERVICES WITHIN THE PAST 3 YEARS? [ ]  YES [ ]  NO*(If "Yes," identify item(s), customer(s) and contract number(s) on a separate sheet of paper and attach to this form.)* | 10. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31, *Cost Principles?* [ ]  YES [ ]  NO*(If No, explain on a separate sheet of paper and attach to this form.)* |
| **11. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)** |
| 11a. WILL THIS SUBCONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? [ ]  YES [ ]  NO*(If "No," explain in proposa.l)* | 11b. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 or 2)?[ ]  YES [ ]  NO*(If "Yes," specify in proposal the office to which submitted and if determined to be adequate.)* |
| 11c. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NONCOMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS?[ ] YES [ ]  NO*(If "Yes," explain in proposal.)* | 11d. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? [ ]  YES [ ]  NO*(If "Yes," explain in proposal.)* |
| This proposal reflects our actual costs as of this date and conforms with the instructions in FAR 15.403-5(b) (1). By submitting this proposal, the offeror, grants LANS 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. |
| 12. NAME OF OFFEROR (Type) | 13. TITLE OF OFFEROR *(Type)* | 14. NAME OF FIRM |
|       |       |       |
| 15. SIGNATURE | 16. DATE OF SUBMISSION |
|       |

Form 4156.00.0001, *Instructions for Submitting Cost / Price Proposals When Certified Cost or Pricing Data Are Required,* may be found at the LANL Supplier, Vendor Forms web site at <http://www.lanl.gov/business/vendors/supplier-forms.php>