



National
Aeronautics and
Space
Administration

Letter Of Request For Pricing-Audit-Technical Evaluation Services

1. NASA CONTROL NO.

2. TO:		3. FROM:	
4. PRIME CONTRACTOR OR SUBCONTRACTOR NAME AND ADDRESS	5. CONTRACT/AGREEMENT/ ORDER NO.	6. PROPOSAL, RFP OR MODIFICATION REFERENCE, IF NOT ENCLOSED (See item 11)	
	7. CONTRACT/AGREEMENT TYPE	8. DATE REQUIRED a. WRITTEN b. VERBAL	
9a. NASA CONTACT FOR THIS REQUEST (Name, Office Code, Phone, Fax, and E-mail)		9b. CONTACT FOR COPY OF NEGOTIATION MEMORANDA (Name, Office Code, Phone, Fax, and E-mail)	

10. SERVICES REQUESTED (See item 2 of instructions)

- a. PROVIDE COST ANALYSIS, INCLUDING AUDIT, TOGETHER WITH A COVER MEMO SUMMARIZING ALL PERTINENT FACTORS CONSIDERED NECESSARY FOR NEGOTIATING.
- b. PROVIDE RATES AND FACTORS DATA, INCLUDING LATEST AVAILABLE ACTUALS.
- c. PROVIDE INCURRED HOURS/COSTS.
- d. PROVIDE AUDIT ONLY.
- e. PROVIDE COMMENTS ON ANY PROPOSAL ELEMENTS CONSIDERED TO BE INADEQUATELY SUPPORTED BY PRICE AND COSTING DATA (Pl. 87-653).
- f. COMMENT ON CAS DISCLOSURE STATEMENT ADEQUACY AND COMPLIANCE.
- g. PROVIDE A REPORT BASED ON AGREED UPON PROCEDURES.
- h. PROVIDE RELEVANT INFORMATION ON THE ADEQUACY OF SYSTEMS(Accounting, estimating, procurement, and compensation)
- i. OTHER (Specify here and on continuation sheets if necessary):

11. ENCLOSURES (Check and identify)

<input type="checkbox"/> a. RFP _____	<input type="checkbox"/> b. TECHNICAL PROPOSAL _____
<input type="checkbox"/> c. COST PROPOSAL _____	<input type="checkbox"/> d. OTHER _____

12. INFORMATION COPIES SENT TO (Organization and location)

13. ATTENTION RECEIVING OFFICE. - Please acknowledge below and return one copy to the requesting office within 5 work days. If required date in item 8 above cannot be met, please contact the individual named in item 9.

14. TYPED NAME OF REQUESTER	15. SIGNATURE OF REQUESTER	16. DATE SIGNED
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THE ABOVE REQUEST FOR SERVICES IS HEREBY ACKNOWLEDGED

17. DATE SERVICES WILL BE FURNISHED	18. CONTACT FOR THIS REQUEST (Name and phone)	19. REFER INQUIRIES TO THE FOLLOWING CONTROL NO.
20. TYPED NAME	21. SIGNATURE	22. DATE SIGNED