**Offeror shall complete this form and submit with their offer.**

**Offeror’s Name (include a “Doing Business As” (DBA), if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUNS Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tax Identification Number (TIN):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offeror’s Website Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Mark this box if your company does not have a website

**Published Commercial Price List upon which the offer is based (if proposing multiple price lists, attach a complete list as a separate page):**

1. Name of Price List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Effective Date of Price List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Effective date that the above commercial price list was implemented to commercial customers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. If available electronically only, provide website and effective date of pricing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If a special catalog and/or price list is provided for the purpose of this offer, it shall include a statement indicating that it is a “verbatim extract from the contractor’s commercial catalog and/or price list”, and it shall “identify the commercial catalog and/or price list from which the information has been extracted”.

**Freight Terms:**

[ ]  Origin, Freight Prepaid and Add

[ ]  Destination

If “Destination” is stated, indicate below whether or not prices submitted cover delivery “FOB Destination” in Alaska, Hawaii, and the Commonwealth of Puerto Rico:

Alaska **[ ]** Yes [ ]  No

Hawaii **[ ]** Yes [ ]  No

Puerto Rico **[ ]** Yes [ ]  No

**Normal Delivery:** Indicate below your normal delivery times after receipt of order (ARO) offered to your Commercial Customers and to the Government, adding rows as necessary:

|  |  |  |
| --- | --- | --- |
| **SIN** | **Normal Delivery ARO (Commercial)** | **Normal Delivery ARO (Government)** |
|  |  |  |
|  |  |  |

**Additional Offer Information:**

|  |  |  |
| --- | --- | --- |
|  | **Most Favored Customer (MFC)** | **Government (GSA)** |
| Prompt Payment Terms | [ ]  Net 30 Days[ ]  Prompt Payment Discount: \_\_\_\_\_\_ | [ ]  Net 30 Days[ ]  Prompt Payment Discount:\_\_\_\_\_ |
| Warranty: |  |  |
| Return Policy/Restocking Policy(if applicable) |  |  |
| Minimum Order Requirement |  |  |

Note: The above format can be recreated to include more space for your responses.

**Leasing/Rental:** Please indicate if you are offering Leasing and/or Rental.

Leasing **[ ]** Yes [ ]  No

Rental **[ ]** Yes [ ]  No

**Participating Dealers (Clause 552.216-73):** Please indicate if you are using Participating Dealers.

**[ ]** Yes [ ]  No

If you are using Participating Dealers, please provide a separate attachment entitled “List of Participating Dealers” and list the participating dealer(s) name, full address, phone number, point of contact, and the duties, i.e., able to take orders, collect payment, ship, warranty work, etc., for each Participating Dealer.

**Accounting System:** An adequate and auditable system for tracking Government sales separately from commercial sales, and for purposes of the Industrial Funding Fee, is required. This accounting system will be subject to review and examination by the Government, as appropriate.

Identify the name of the accounting system in place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trade Agreements Act:** An adequate system must be in place to ensure all products awarded on GSA schedule contracts are compliant with the Trade Agreements Act (TAA), Clause 52.225-5. Please describe your plan to monitor the production point of products awarded on contract to ensure that they are TAA compliant when added and that they remain TAA compliant while on contract, particularly for products your company does not manufacture itself. Your plan should reflect a proactive approach and should not rely on the manufacturer to notify you of changes in production points.

Describe your Plan to Monitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AbilityOne (formerly JWOD):** The undersigned hereby confirms that I have reviewed both of the AbilityOne websites located at [www.abilityone.com](http://www.abilityone.com) and [www.abilityone.gov](http://www.abilityone.gov), and certify that any products determined to be essentially the same (ETS) as have been excluded from this offer, and that a list of all excluded products is included with the offer.

Identify the system in place and how compliance will be monitored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Government-wide Commercial Purchase Card:** Clause 552.232-79, Payment by Credit Card, requires all contractors to accept the Government-wide Commercial Purchase Card for purchases at or below the micro-purchase threshold.

Please indicate if you will accept the government credit card for purchases **above** the micro-purchase threshold.

**[ ]** Yes [ ]  No

NOTE: Credit card fees or convenience fees may NOT be charged to the end customer.

**If you are submitting this offer because your current GSA schedule contract is approaching its 20 year limit and the expiration of its final option period, indicate the contract number of your current contract below:**

[ ]  N/A [ ]  Current contract number:

**STATEMENT**

**The undersigned hereby certify that the above information is correct. In addition, I fully understand and shall comply with clause 552.238-74, Industrial Funding Fee and Sales Reporting, and confirm that I have not made any changes to the terms and conditions of this solicitation.**

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**