**ATTACHMENT 4**

**COVER PAGE TO CONTRACT DATA SHEET**

**Contract Data** - **Instructions**

Content:

1. A completed signed and dated copy of Contract Data Cover Page below. Offeror shall complete this cover page form as the first page of their offer. If necessary to ensure all of the requested information is provided attachments may be included. All information must be recent or current.
2. Standard Form 1449, be sure to complete the following block numbers:
	* 12 with any prompt payment terms offered
	* 17a with contractor’s legal name, complete address, phone number and Dun and Bradstreet Number
	* 17b if remittance address is different from 17a
	* 30a signature of offeror/contractor
	* 30b typed or printed name of signer in 30a
	* 30c date offer signed
3. Complete and return all clauses and provisions in this Part.

Note: If an offeror has completed the annual representations and certifications electronically at <https://orca.bpn.gov/>, the offeror shall, at a minimum, complete paragraph (b) of the clause, 52.212-3 Offeror Representations and Certifications – Commercial Items (JUN 2008). If, after reviewing the information in the ORCA database, an offeror has determined that there are any additional representations that are necessary for the purposes of this solicitation, the offeror shall comply with the instructions found in paragraph (k)(2) of this clause.

|  |
| --- |
| **CONTRACT DATA COVER PAGE VA-249-11-RP-0441** |
|  |
| Contractor Name (Include Doing Business As (DBA) if applicable) | Tax Identification Number (TIN): |
|       |       |
| Offeror’s Address: (Street/P.O.B., City, State, Zip) | Dun & Bradstreet Number (DUNS #): |
|       |       |
|          | Credit Card Accepted?  |
|       | Yes |  [ ]  | No |  [ ]  |   |
| Affiliate’s Name(s) and Address(es): (if applicable) | IT Specialist:  |
|       | Name: |        |
|       | Phone: |        |
|       | E-Mail |        |
|       | Company Website: |
|       |            |
| *Name(s) and Titles of Officers, Owners or Partners:* |
|       |       |
|       |       |
| Business Size/Designation: (Check all that apply) | Ordering Information |
| Small Business | [ ]  |  | HUBZone Small Business | [ ]  |   | Phone: |        |
| Woman Owned Small  | [ ]  |  | Veteran Owned Small Business | [ ]  |   | Fax: |        |
| Small Disadvantaged  | [ ]  |  | Service Disabled Veteran Owned Small Business | [ ]  |   | Ordering Address: |
| 8(a) Small Business | [ ]  |  | Other than Small Business | [ ]  |   |       |
|   |  |  |  | (None of the above) | [ ]  |   |        |
|   |  |  |  |  |       |
| List All Authorized to Sign & Negotiate For This Contract (Include Name/Phone/Fax/E-mail) | Payment Address: |
|  |       |
| 1.       |        |       |
| 2.       |        |       |
| 3. |        | 24 Hour Emergency Point of Contact: |
| 4. |        |  |
| List All Persons Authorized to Administer the Contract for the Company: (Name/Title/Phone/Email) | Name: |        |
|  | Phone: |        |
| 1.       |        | Fax: |        |
| 2.       |        | E-Mail |        |
| Net Worth of Business: | Average Annual Sales or Receipts for Preceding 3 Years (indicate which): |
| Date:  |       | Amount: |       |   |   |       |
|   |
| The above information is current and accurate to the best of my knowledge. |
|   |   |   |   |   |  |        |  |  |  |   |
| Signature (Sign) |  | Date |  |  |  |   |
|   |  |  |  |   |
|            |  |       |
| Printed or Typed Name |  | Phone Number / E-Mail Address |