

INFORMATION TO OFFERORS OR QUOTERS SECTION A - COVER SHEET	1. SOLICITATION NUMBER	2. (X one)	
	N00019-00-R-0397		a. SEALED BID
		X	b. NEGOTIATED (RFP)
		c. NEGOTIATED (RFQ)	

Standard Form 33, or other solicitation documents and Sections of Table of Contents in this solicitation and should be examined for applicability.

When submitting your reply, the envelope used must be plainly 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.

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.

3. ISSUING OFFICE (Complete mailing address, including Zip Code)	(For Hand or Courier Delivery:)
NAVAL AIR SYSTEMS COMMAND	
JOINT STRIKE FIGHTER PROGRAM OFFICE	SAME
1213 JEFFERSON DAVIS HWY, SUITE 600	
ARLINGTON, VA 22202	

4. ITEMS TO BE PURCHASED (Brief Description)

Joint Strike Fighter Engineering and Manufacturing Development Program.

5. PROCUREMENT INFORMATION (X and complete as applicable)

<input type="checkbox"/>	a. THIS PROCUREMENT IS UNRESTRICTED
<input type="checkbox"/>	b. THIS PROCUREMENT IS A __ % SMALL BUSINESS SET-ASIDE
<input type="checkbox"/>	(1) Small Business 8(a)
<input type="checkbox"/>	(2) Labor Surplus Area Concerns
<input type="checkbox"/>	(3) Combined Small Business/Labor Area Concerns

6. ADDITIONAL INFORMATION

** Proposals must be delivered to the Joint Strike Fighter Program Office, Crystal Gateway 4, Suite 600, Arlington, VA 22202 (See Section L-12).

*** Questions may be submitted in writing in accordance with Procuring Contracting Officer direction.

7. POINT OF CONTACT FOR INFORMATION

a. NAME (Last, First, Middle Initial)	b. ADDRESS (Include Zip Code)
	NAVAL AIR SYSTEMS COMMAND
	JOINT STRIKE FIGHTER PROGRAM OFFICE (CODE: AIR-2.0A)
	1213 JEFFERSON DAVIS HWY, SUITE 600
	ARLINGTON, VA 22202
c. TELEPHONE NUMBER (Include Area Code and Extension) (NO COLLECT CALLS) FAX	

8. REASONS FOR NO RESPONSE (X all that apply)

<input type="checkbox"/>	a. CANNOT COMPLY WITH SPECIFICATIONS	<input type="checkbox"/>	b. CANNOT MEET DELIVERY REQUIREMENT
<input type="checkbox"/>	c. UNABLE TO IDENTIFY THE ITEM(S)	<input type="checkbox"/>	d. DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED
<input type="checkbox"/>	e. OTHER (Specify)		

9. MAILING LIST INFORMATION (X one)

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	WE DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE OF ITEM(S) INVOLVED
--------------------------	-----	--------------------------	----	---

10. RESPONDING FIRM

a. COMPANY NAME	b. ADDRESS (Include Zip Code)
-----------------	-------------------------------

c. ACTION OFFICER

(1) Typed or Printed Name (Last, First, Middle Initial)	(2) Title	(3) Signature	(4) Date Signed (YYMMDD)
--	-----------	---------------	-----------------------------

DD Form 1707 Reverse, MAR 90
Fold

Fold

Fold

Fold

FROM

SOLICITATION NUMBER	
DATE (YYMMDD)	LOCAL TIME

AFFIX
STAMP
HERE

To