INFORMATION SHEET

TO: 1 SOCONS/PKA

FROM: _____

_____

_____

_____

a. Firm ☐ (does) ☐ (does not) agree to the establishment of a BPA.

b. Firm ☐ (is) ☐ (is not) a small business concern.

c. Person(s) to contract for price lists and follow-up information including telephone number and email address:

_____

_____

_____

_____

d. Firm's discount for prompt payment: _

NOTE: ***Discount terms shall be listed on all invoices.***

_____ _____

SIGNATURE/TITLE **DATE**

CAGE Code:_____

Unique Entity ID:____ **TAX ID Number:**

_____

The purpose of this solicitation for the Auxiliary Catholic Priest Blanket Purchase Agreement (BPA) at Hurlburt Field AFB in accordance with the attached Statement of Work (SOW). The schedule and contract CLIN schedule is below

Item	Description	Unit	Unit Price
0001	Morning Sunday Mass with 60-minute Confession time prior to	Each	

0002	Evening Sunday Mass with 60-minute Confession time prior to	Each	
0003	(Tuesday, Thursday, and Friday) Early Afternoon Weekday Mass with 30-minute Confession time prior to	Each	
0004	(Wednesday) Evening Weekday Mass with 30 minute Confession time prior to	Each	
0005	Other Sacramental Celebration (as defined in the SOW)	Each	
0006	Other Liturgical Service (as defined in the SOW)	Each	