

PROCUREMENT AND PROPERTY MANAGEMENT DIVISION

Form No. AMS-Form-043

BROOKHAVEN NATIONAL LABORATORY

Revision No. 0.1

Managed by Brookhaven Science Associates, LLC
under contract to the U.S. Department of Energy

APPROVED BY:

ACQUISITION MANAGEMENT SYSTEM FORM

L. McKnight / 12/14/2020

PPM Manager/Date

Proposal Pricing Sheet

Reference: BSA Request for Proposal No. 419159

Brookhaven National Laboratory
Brookhaven Science Associates, LLC
P.O. Box 5000 – Bldg. 902
Upton, NY 11973

Attention: **Maile Nichols - Contract Specialist**
mnichols@bnl.gov

To whom it may concern:

In compliance with your letter of solicitation dated **12/21/2022**, we submit our Proposal No. _____ dated _____, for SIDRIE.

Milestone Payment Plan:

Note the total dollars for the Milestone Payment Plan must be the same (equal) as the total dollars for the award

Item	Description	Due Date	Payment Amount
1	Program Plan	2 weeks after award of contract	
2	Technical and Progress Teleconference	2 weeks after award of contract/monthly	
3	Performance reports	5th of each month after receipt of Program Plan and Within 2 weeks of key project milestones	
4	Manufacturing/Inspection/Test Plan	6 weeks after award of contract	
5	Installation Work Plan	26th week after award of contract	
6	Factory acceptance testing	50th week after award of contract	
7	Delivery of the Instrument	52nd week after award of contract	
8	Site Acceptance Test Report	60th week after award of contract	
9	Commissioning Report	62nd week after award of contract	

Total Price \$ _____

This price shall remain firm for 120 days.

The terms of delivery and payment terms are FOB Destination, Net 30 Days.

Concurrence:

By signing this Quotation Pricing Sheet, our firm hereby acknowledges and agrees to BSA's requirements, terms and conditions, and delivery schedule, and agrees to provide the resources necessary to meet BSA's delivery schedule. We affirm we are registered in SAM and our representations and certifications as well as our small business size status (if applicable) are current and complete.

Company _____ **Signature** _____

Address _____ **Typed Name** _____

_____ **Title** _____

Telephone No. ____ (____) _____ **Date** _____