INFORMATION TO OFFERORS OR QUOTERS
SECTION A - COVER SHEET

Form Approved
OMB No. 9000-0002
Expires Oct 31, 2001

The public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (9000-0002), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person will be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO THE ADDRESS IN BLOCK 4 BELOW.

1. SOLICITATION NUMBER	2. *(X one)*	3. DATE/TIME RESPONSE DUE
DADA10-02-R-0001	[ ] a. INVITATION FOR BID (IFB) [X] b. REQUEST FOR PROPOSAL (RFP) [ ] c. REQUEST FOR QUOTATION (RFQ)	23 MAY 2002 3:00 PM CEN

INSTRUCTIONS

NOTE: The provision entitled "Required Central Contractor Registration" applies to most solicitations.

1. If you are not submitting a response, complete the information in Blocks 9 through 11 and return to the issuing office in Block 4 unless a different return address is indicated in Block 7.

2. Offerors or quoters must include full, accurate, and complete information in their responses as required by this solicitation (including attachments). "Fill-ins" are provided on Standard Form 18, Standard Form 33, and other solicitation documents. Examine the entire solicitation carefully. The penalty for making false statements is prescribed in 18 U.S.C. 1001.

3. Offerors or quoters must plainly mark their responses with the Solicitation Number and the date and local time for bid opening or receipt of proposals that is in the solicitation document.

4. Information regarding the timeliness of response is addressed in the provision of this solicitation entitled either "Late Submissions, Modifications, and Withdrawals of Bids" or "Instructions to Offerors - Competitive Acquisition".

4. ISSUING OFFICE *(Complete mailing address, including ZIP Code)*	5. ITEMS TO BE PURCHASED *(Brief description)*
MEDCOM Contracting Center ATTN MCAA-C-A76 2107 17th Street, Bldg 4197, Ste 15 Fort Sam Houston, TX 78234-5015	Visual Information Services to include: Admin & Operations Support Services; Electronic Multimedia Graphics Products & Svcs; Photographic Services; VI Equipment & Products Temporary Loan Services; Permanent & Mobile Public Address & VI Presentation Systems Svcs

6. PROCUREMENT INFORMATION *(X and complete as applicable)*

	a. THIS PROCUREMENT IS UNRESTRICTED
X	b. THIS PROCUREMENT IS 100 % SET-ASIDE FOR SMALL BUSINESS. THE APPLICABLE NAICS CODE IS: 541430
	c. THIS PROCUREMENT IS _____ % SET-ASIDE FOR HUB ZONE CONCERNS. THE APPLICABLE NAICS CODE IS: _____
	d. THIS PROCUREMENT IS RESTRICTED TO FIRMS ELIGIBLE UNDER SECTION 8(a) OF THE SMALL BUSINESS ACT.

7. ADDITIONAL INFORMATION

Block 9 of SF33: Sealed offers IAW Paragraph B on Page 70.
Block 12 of SF33: Minimum Acceptance Period IAW Page 62.
Site Inspection/Preproposal Conference: Page 62
This is an A-76, Commercial Activities Study of a functional area whose services are currently being performed by Government personnel. The Government will be submitting a bid/proposal also.

8. POINT OF CONTACT FOR INFORMATION

a. NAME *(Last, First, Middle Initial)*		b. ADDRESS *(Include Zip Code)*
TOLBERT, SHIRLEY J		See Block 4 above
c. TELEPHONE NUMBER *(Include Area Code and Extension)* 210-221-4220	d. E-MAIL ADDRESS Shirley.Tolbert@cen.amedd.army.mil	

9. REASONS FOR NO RESPONSE *(X all that apply)*

	a. CANNOT COMPLY WITH SPECIFICATIONS		d. DO NOT REGULARLY MANUFACTURE OR SELL THE TYPE OF ITEMS INVOLVED
	b. UNABLE TO IDENTIFY THE ITEM(S)		e. OTHER *(Specify)*
	c. CANNOT MEET DELIVERY REQUIREMENT		

10. MAILING LIST INFORMATION *(X one)*

WE [ ] DO [ ] DO NOT DESIRE TO BE RETAINED ON THE MAILING LIST FOR FUTURE PROCUREMENT OF THE TYPE INVOLVED.

11a. 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 *(YYYYMMDD)*

DD FORM 1707 (BACK), JAN 2001

FOLD

FOLD

FROM

AFFIX
STAMP
HERE

SOLICITATION NUMBER	
DADA10-02-R-0001	
DATE *(YYYYMMDD)*	LOCAL TIME
20020523	1500 CEN