

This form is for use when (i) submission of cost or pricing data (see ASPR 3-807.3) is required and (ii) substitution for the DD Form 633 is authorized by the contracting officer.

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1

NO. OF PAGES  
2

NAME OF OFFEROR  
**SRI International**  
 HOME OFFICE ADDRESS (Include ZIP Code)  
 333 Ravenswood Avenue  
 Menlo Park, California 94025

SUPPLIES AND/OR SERVICES TO BE FURNISHED  
**Research**

DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED  
 As above

TOTAL AMOUNT OF PROPOSAL  
 \$ 74,986

GOVT SOLICITATION NO.  
 - - -

**DETAIL DESCRIPTION OF COST ELEMENTS**

1. DIRECT MATERIAL (Itemize on Exhibit A)	EST COST (\$)	TOTAL EST COST <sup>1</sup>	REFER- <sup>2</sup> ENCE
a. PURCHASED PARTS			
b. SUBCONTRACTED ITEMS			
c. OTHER - (1) RAW MATERIAL			
(2) YOUR STANDARD COMMERCIAL ITEMS			
(3) INTERDIVISIONAL TRANSFERS (At other than cost)			
<b>TOTAL DIRECT MATERIAL</b>			
2. MATERIAL OVERHEAD <sup>3</sup> (Rate % X \$ base = )			
3. DIRECT LABOR (Specify)	ESTIMATED HOURS	RATE/HOUR	EST COST (\$)
<b>TOTAL DIRECT LABOR</b>			
4. LABOR OVERHEAD (Specify department or cost center) <sup>3</sup>	O.H. RATE	X BASE =	EST COST (\$)
<b>TOTAL LABOR OVERHEAD</b>			
5. SPECIAL TESTING (Including field work at Government installations)	EST COST (\$)		
<b>TOTAL SPECIAL TESTING</b>			
6. SPECIAL EQUIPMENT (If direct charge) (Itemize on Exhibit A)			
7. TRAVEL (If direct charge) (Give details on attached Schedule)	EST COST (\$)		
a. TRANSPORTATION			
b. PER DIEM OR SUBSISTENCE			
<b>TOTAL TRAVEL</b>			
8. CONSULTANTS (Identify - purpose - rate)	EST COST (\$)		
<b>TOTAL CONSULTANTS</b>			
9. OTHER DIRECT COSTS (Itemize on Exhibit A)			
10. <b>TOTAL DIRECT COST AND OVERHEAD</b>			
11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate % of cost element Nos. ) <sup>3</sup>			
12. ROYALTIES <sup>4</sup>			
13. <b>TOTAL ESTIMATED COST</b> See Part Two--Contractual			
14. FEE OR PROFIT Provisions No. ESU 78-100			
15. <b>TOTAL ESTIMATED COST AND FEE OR PROFIT</b>			

This proposal is submitted for use in connection with and in response to (Describe RFP, etc.)  
 - - -  
 and reflects our best estimates as of this date, in accordance with the instructions to offerors and the footnotes which follow.

TYPED NAME AND TITLE: Phillip J. O'Donnell, Manager, Contract Administration  
 SIGNATURE: *Phillip J. O'Donnell*  
 NAME OF FIRM: SRI International  
 DATE OF SUBMISSION: 1978 SEP 28



**CONTRACT PRICING PROPOSAL**  
(RESEARCH AND DEVELOPMENT)

Form Approved  
Budget Bureau No. 22-R0100

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NAME OF OFFEROR <b>SRI International</b>		SUPPLIES AND/OR SERVICES TO BE FURNISHED <b>Research</b>	
HOME OFFICE ADDRESS (Include ZIP Code) <b>333 Ravenswood Avenue Menlo Park, California 94025</b>			
DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED <b>As above</b>		TOTAL AMOUNT OF PROPOSAL <b>\$ 74,986</b>	GOVT SOLICITATION NO. <b>- - -</b>

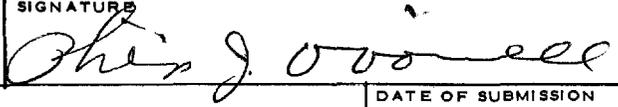
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14. FEE OR PROFIT					
15. <b>TOTAL ESTIMATED COST AND FEE OR PROFIT</b>					

This proposal is submitted for use in connection with and in response to (Describe RFP, etc.)

- - -

and reflects our best estimates as of this date, in accordance with the instructions to offerors and the footnotes which follow.

TYPED NAME AND TITLE <b>Philip J. O'Donnell Manager Contract Administration</b>	SIGNATURE 
NAME OF FIRM <b>SRI International</b>	DATE OF SUBMISSION <b>1978 SEP 28</b>





**CLASSIFIED DOCUMENT CONTAINING LIABILITY RECORD**  
 Approved For Release 2003/09/10 : CIA-RDP96-00792R000100140026-4

DATE  
2 Oct 78

For use of this form, see AR 380-5; the proponent agency is the Office, Assistant Chief of Staff for Intelligence.

**SECTION A - GENERAL**

TO:  MAJ STONER, DAMI-ISH			FROM:  hand carried				
DATE RECEIVED		ACTION OFFICE(S)		SUSPENSE DATE(S)		REGISTER OR CONTROL NO.	
CONTROL, LOG OR FILE NO.	CLASSIFICATION	NUMBER OF COPIES	DESCRIPTION (Type, File Ref., Unclassified Subject or Short Title and Number of Indorsements/Incls)			DATE OF DOCUMENT	ORIGINATOR
	S	1	letter, w/SRI Proposal No. ESU 78-100 (3 cys) DD Form 633-4 (3 cys) -----NOTHING FOLLOWS-----			28Sep78	SRI

**SECTION B - ROUTING**

TO	COPY NO.	DATE	PRINTED NAME	SIGNATURE
1.				
2.				
3.				
4.				
5.				

**SECTION C - DESTRUCTION CERTIFICATE** (Check appropriate block)

MATERIAL DESCRIBED HEREON HAS BEEN:

DESTROYED                       TORN IN HALF AND PLACED IN A CLASSIFIED WASTE CONTAINER (AR 380-5)

OFFICE SYMBOL	DATE	PRINTED NAME OF CUSTODIAN OR REP	SIGNATURE
DESTRUCTION RECORD NO.	DATE	PRINTED NAME OF CERTIFYING/DESTR. OFF.	SIGNATURE
PAGE OR COPY NUMBER	DATE	PRINTED NAME OF WITNESSING OFFICIAL	SIGNATURE

**SECTION D - REPRODUCTION AUTHORITY**

NUMBER OF COPIES TO BE REPRODUCED	AUTHORIZED BY	DATE
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**SECTION E - RECEIPT/TRACER ACTION** (Check appropriate block)

RECEIPT OF DOCUMENT(S) ACKNOWLEDGED                       DOCUMENT(S) HAVE NOT BEEN RECEIVED

TRACER ACTION: SIGNED RECEIPT FOR MATERIAL DESCRIBED ABOVE HAS NOT BEEN RECEIVED.

DATE	PRINTED NAME, GRADE OR TITLE	SIGNATURE
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COMMENTS  
 Approved For Release 2003/09/10 : CIA-RDP96-00792R000100140026-4