

KC-327-RSCS (06-01) SALES OFFER FORM	ANNOUNCEMENT NO. RSCS1	INVITATION NO.	VENDOR NAME	PAGE 2
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2. Price Range: From \$ _____ To \$ _____ (For Administrative Purposes Only)
3. Total quantity offered _____ pounds.
4. Timely Performance (Check One)
- A. The offeror has has not paid for all products under contracts with CCC that have a payment due date prior to this bid opening.
- B. The offeror has has not converted all NDM under contracts with CCC that have a conversion deadline prior to this bid opening .

5. INDEPENDENT PRICE CERTIFICATION

Check appropriate certification for either subparagraph 4. B. **OR** 4. B. (1) and (2) of Announcement RSCS1.

- B. The offeror is the person in their organization responsible within that organization for the decision as to the prices being offered and has not participated, and will not participate, in any action contrary to subparagraphs A.(1) through A.(3) of Announcement RSCS1, **OR**
- (1) The offeror is not the person in their organization responsible within that organization for the decision as to prices being offered but has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to subparagraphs A.(1) through A.(3) of this section, and as their agent does hereby so certify; and
- (2) The offeror has not participated, and will not participate, in any action contrary to subparagraphs A.(1) through A.(3) of Announcement RSCS1.

6. Offeror acknowledges receipt of amendments to **invitation (if applicable)** by entering the amendment number and date.

AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

The certifications, warranties, and representations as set forth in this invitation are hereby made.

IN WITNESS WHEREOF, the undersigned has executed this offer this _____ day of _____, 20_____.

NAME OF FIRM

SIGNATURE _____ **TITLE** _____

Typed Name of the Officer or Employee Responsible for the Offer:

TYPE OF FIRM (Corporation, Partnership, or Sole Proprietorship)

ADDRESS

CITY _____ **STATE** _____ **ZIP CODE** _____

E-MAIL ADDRESS _____ **FAX NO.** _____ **TELEPHONE NO.** _____

AFTER HOURS CONTACT (Name) _____ **TELEPHONE NO.** _____

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MARKET PRICE ADJUSTMENTS

INSTRUCTIONS: Please type.
 Price changes must indicate an increase or decrease of the original price offered.
REPLACEMENT PRICES ARE NOT ACCEPTABLE AND WILL RESULT IN BOTH THE ORIGINAL OFFER AND THE PRICE MODIFICATION BEING CONSIDERED NONRESPONSIVE.

TO: USDA-FSA-KCCO Kansas City, MO Attn: DAIRY BID BOX Fax: 816-926-6381	CCC USE ONLY – Bidder No.
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COMPANY NAME	COMPANY LOCATION
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PLEASE ADJUST THE PRICES AS FOLLOWS:

LINE	LOCATION/ ITEM NUMBER	PRICE		VENDOR'S USE ONLY Commodity Type
		INCREASE	DECREASE	
Example	KANSAS	\$0.10		NDM
1				
2				
3				
4				
5				

The certifications, warranties, and representations as set forth in this invitation are hereby made.	SIGNATURE	DATE
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PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information is 7CFR, Chapter 14. The information will be used to evaluate bids to sell processed commodities. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in non-consideration. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

The authority for collecting the following information is Public Law 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 30 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.

NONDISCRIMINATION STATEMENT

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.