CONTRACT FACILITIES CAPITAL COST OF MONEY

The public reporting burden for this collection of information is estimated to average 10 hours 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 the Department of Defense, Executive Services Directorate (0704-0267). Respondents should be aware that notwishstanding any other provision of law, no person shall 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 COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO YOUR CONTRACTING OFFICIAL.

| RETURN COMPLETED FORM | TO YOUR CONTRACTING OFFICIAL. | | |
|--------------------------------|----------------------------------|--|--|
| | 3. CONTRACTOR ADDRESS | | |
| | | | |
| TRACT PIIN NUMBER | | 5. PERFORMANCE PERIOD | |
| PITAL COST OF MONEY | | | |
| POOL ALLOCATION BASE a. b. | FACILITIES CAPITAL COST OF MONEY | | |
| | c. FACTOR AMOUNT | | |
| ~. | (1) | (2) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| OTAL DIVIDED BY TREASURY RATE) | | | |
| PITAL EMPLOYED | | | |
| | PERCENTAGE (%) a. | AMOUNT b. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | PITAL COST OF MONEY | S. PERFORMANCE PERIOD PITAL COST OF MONEY ALLOCATION BASE b. FACTOR (1) FACILITIES CAF FACTOR (1) FORMANCE PERIOD FACILITIES CAF FACTOR (1) FACTOR (1) | |