

SEMO Review/Response Record

From/Return To: (Org/Name/Telephone)	Date:
To:	Date:
Subject: (Include Award Document Number)	<input type="checkbox"/> RFP/IFB/SBIR <input type="checkbox"/> Contract <input type="checkbox"/> Modification

Property Clauses Included

FAR	Grants Handbook	NFS
<input type="checkbox"/> 52.245-1	<input type="checkbox"/> 1260.26	<input type="checkbox"/> 1852.245-70
<input type="checkbox"/> 52.245-2	<input type="checkbox"/> 1260.27	<input type="checkbox"/> 1852.245-71
<input type="checkbox"/> 52.245-3	<input type="checkbox"/> 1260.36	<input type="checkbox"/> 1852.245-72
<input type="checkbox"/> 52.245-4	<input type="checkbox"/> 1260.66	<input type="checkbox"/> 1852.245-73
<input type="checkbox"/> 52.245-5	<input type="checkbox"/> 1260.67	<input type="checkbox"/> 1852.245-74
<input type="checkbox"/> 52.245-6	<input type="checkbox"/> 1260.74	<input type="checkbox"/> 1852.245-75
<input type="checkbox"/> 52.245-7	<input type="checkbox"/> 1260.77	<input type="checkbox"/> 1852.245-76
<input type="checkbox"/> 52.245-8		<input type="checkbox"/> 1852.245-77
<input type="checkbox"/> 52.245-9		<input type="checkbox"/> 1852.245-78
<input type="checkbox"/> 52.245-10		<input type="checkbox"/> 1852.245-79
		<input type="checkbox"/> 1852.245-80

Comments	Action Taken

IPMS Reviewer and Date:	SEMO Signature and Date:
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