

SF-1

PRINTING AND BINDING REQUISITION
to the Public Printer of the United States* Required
Fields

JACKET NO. (For GPO Use Only)

427-195

☐ Red
☐ Black
☐ Blue

REQUISITION NO. *

24-00001

CLASSIFICATION *

Classified ☐ Yes
☒ NoSBU ☐ Yes
☒ NoPII ☐ Yes
☒ No

EXEMPT FROM REQUIRED DISTRIBUTION TO FEDERAL DEPOSITORY LIBRARIES

☐ Strictly for administrative
or operational purposes☐ Copyright
restriction☐ Not published with
Federal funds

FROM (Department or Government Establishment)

Medicaid and CHIP Payment and Access Commission

BUREAU/OFFICE

PUBLICATION TITLE

Renewal of SPA 960 for FY24

QUALITY LEVEL

DATE PREPARED

8/30/23

QUANTITY (Units of Finished Product)

FINISHED PRODUCT

☐ Books/Pamphlets☐ Pads☐ Forms (Sheets)☐ CD/DVD☐ Labels☐ Envelopes☐ Sets☐ Other☐ Rush (Premium
Surcharge Authorized)☐ Open Requisition

PREVIOUS JACKET/REQ. NO. (If Reprint)

423-471

FORM NO.

ISBN

IF AVAILABLE ONLINE

http://

THIS ORDER RIDES (Department)

(Requisition No.)

(Jacket No.)

STRAP WITH REQUISITION NO.

GPO IN-HOUSE SERVICES (Prior contact required for each service—attach estimate)

☐ Graphic and
Multimedia Design☐ Web Services☐ Preflight☐ Other

GPO In-House Distribution Services

☐ Mailing☐ Storage☐ Mailing List Maintenance

Security & Intelligent Documents

☐ Secure Federal Credentials

BILLING ADDRESS CODE (BAC) *

6820C7

AGENCY LOCATION CODE (ALC)

47000018

APPROPRIATION CHARGEABLE/OBLIGATION NO.

PURCHASE
CARD

PURCHASE CARD NO. (Call for Card No.)

EXP. DATE

NAME AS IT APPEARS ON PURCHASE CARD

PHONE NO. OF CARDHOLDER

TAS*:
Sub-level
Prefix CodeAllocation
Transfer
Agency
IdentifierAgency
IdentifierBeginning
Period of
AvailabilityEnding
Period of
AvailabilityAvailability
Type CodeMain
Account
CodeSub-Account
Code

BETC*

LINE OF ACCOUNTING/DOCUMENT REFERENCE NUMBER
(Info Will Appear on IPAC as Entered)

009

2024

2024

1801

000

DISGF

FURNISHED (Electronic media must include Form 952)

☐ Files sent via FTP or Email ☐ CD/DVD ☐ Copy ☐ Negative ☐ Other

Qty:

☐ Materials to be furnished by (date):

PROOFS

☐ Content☐ Inkjet☐ High Resolution☐ Prior to Production Samples☐ Electronic
Soft ProofDAYS DEPT.
WILL HOLD
PROOFS

PRESS SHEET INSPECTION

☐ No. of Hours Notice

DELIVER PROOFS TO (PO Box not acceptable, include contact phone number):

COVER PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)

COVER INK(S) (Black, 4-Color Process, Pantone #)

COVER COATING TYPE

☐ List Other
Paper & Ink
Materials Below
in Additional
Information

TEXT PAPER (JCP number [If Known] and Grade, Color, Finish and Basis Weight)

TEXT INK(S) (Black, 4-Color Process, Pantone #)

TEXT COATING TYPE

DIGITAL PRINT
ACCEPTABLE
☐ Yes ☐ No

PRINT

☐ One Side
Only☐ Head to
Head☐ Head to
Foot

INDICATE WHICH COVERS PRINT

1 ☐ 2 ☐ 3 ☐ 4 ☐

EMBOSS

PERFORATE

SCORE

POSITION

NUMBERING (Inclusive)
to

Ink (Color)

SIZE FLAT (Inches)
FORMS, SETS, PADSFOLD TO
(Inches)SIZE TRIMMED
PAGE (Inches)
BOOKS/PAMPHLETS

NO. OF TEXT PAGES

PAPER COVERS
(Self)PAPER COVERS
(Separate)STITCH
(Side)

(Saddle)

(ULC)

PASTE
ON FOLD

LOOSELEAF

TAPE

COMB

COIL

PERFECT
BOUND

SEW

CASE
BOUND

(Material and Color)

PAD/SETS
(Position)(Sheets
in Pad)(Sets
in Pad)(Sheets
in Set)(Chipboard
Required)CARBON
INTERLEAVEPUNCH/
DRILL(No. of
Holes)

(Diam.)

(Inches Center
to Center)

(Position)

STAMP TITLE (Bindery)
Cover Spine Foil

Ink (Color)

Ink (Color)

COLLATE (Explain)

TAB DIVIDERS
(Height of Tab)

Width of Cut (1/5 etc.)

(Position)

REQUESTED DELIVERY DATE

KRAFT WRAP

☐ (QTY)

SHRINK FILM

☐ (QTY)

BAND IN SETS

☐ (QTY)

SUITABLE

☐ (QTY)

OTHER PACKAGING (Specify)

☐ (QTY)PACK IN
CARTONS☐

DELIVER PRODUCT TO:

RETURN FURNISHED MATERIALS TO:

OPEN REQUISITION

☐ Distribution List AttachedDigital Deliverables Requested - Format: ☐ Native ☐ PDF☐ Supplemental Information AttachedThe purpose of this SF-1 is to establish the FY2024 Simplified Purchasing Agreement 960
between MACPAC and GPO.

FOR ADDITIONAL INFORMATION CONTACT (Name)

Caroline Broder

TELEPHONE

202-350-2003

☐ PRICE APPROVAL REQUIRED IF EXCEEDS \$

EMAIL

caroline.broder@macpac.gov

FAX

ESTIMATE (For GPO Use Only)

INCLUDES
FREIGHT☐ Yes
☐ No

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned Government establishment.

Katherine Massey

Digitally signed by Katherine Massey
Date: 2023.09.01 14:13:22 -04'00'

Executive Director

AUTHORIZING SIGNATURE (Must be on file with GPO) *

Title

Standard Form 1, February 2014
Title 44 of the U.S. Code Control No. 1-110

FROM (Department or Government Establishment) Medicaid and CHIP Payment and Access Commission	PUBLICATION TITLE Renewal of SPA 960 for FY24
REQUISITION NO. 24-00001	BILLING ADDRESS CODE (BAC) 6820C7
ADDITIONAL INFORMATION	