

U.S. DEPARTMENT OF ENERGY  
Albuquerque Operations Office

**REPORTING REQUIREMENTS CHECKLIST**

1. PROGRAM/PROJECT TITLE  Safeguards and Security Programs Support Services	2. IDENTIFICATION NUMBER  DE-AC52-03NA68600
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3. PARTICIPANT NAME AND ADDRESS

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4. PLANNING AND REPORTING REQUIREMENTS	
<p><b>A. General Management</b> <span style="float: right;"><u>Frequency</u></span></p> <p><input checked="" type="checkbox"/> Management Plan (requires COR approval) <span style="float: right;"><b>Y</b></span></p> <p><input checked="" type="checkbox"/> Status Report <span style="float: right;"><b>M</b></span></p> <p><input type="checkbox"/> Summary Report</p> <p><b>B. Schedule/Labor/Cost</b></p> <p><input type="checkbox"/> Milestone Schedule/Plan</p> <p><input checked="" type="checkbox"/> Labor Plan <span style="float: right;"><b>Y</b></span></p> <p><input type="checkbox"/> Facilities Capital Cost of Money Factors Comp.</p> <p><input type="checkbox"/> Contract Facilities Capital and Cost of Money</p> <p><input checked="" type="checkbox"/> Cost Plan <span style="float: right;"><b>Y</b></span></p> <p><input type="checkbox"/> Milestone Schedule/Status</p> <p><input checked="" type="checkbox"/> Labor Management Report <span style="float: right;"><b>M</b></span></p> <p><input checked="" type="checkbox"/> Cost Management Report <span style="float: right;"><b>M</b></span></p> <p><b>C. Exception Reports</b></p> <p><input checked="" type="checkbox"/> Conference Record <span style="float: right;"><b>A</b></span></p> <p><input type="checkbox"/> Hot Line Report</p> <p><b>D. Performance Measurement</b></p> <p><input type="checkbox"/> Management Control System Description</p> <p><input type="checkbox"/> WBS Dictionary</p> <p style="padding-left: 20px;"><input type="checkbox"/> Index</p> <p style="padding-left: 20px;"><input type="checkbox"/> Element Definition</p> <p><input type="checkbox"/> Cost Performance Reports</p> <p style="padding-left: 20px;"><input type="checkbox"/> Format 1 - WBS</p> <p style="padding-left: 20px;"><input type="checkbox"/> Format 2 - Function</p> <p style="padding-left: 20px;"><input type="checkbox"/> Format 3 - Baseline</p>	<p><b>E. Financial Incentives</b> <span style="float: right;"><u>Frequency</u></span></p> <p><input type="checkbox"/> Statement of Income and Expenses</p> <p><input type="checkbox"/> Balance Sheet</p> <p><input type="checkbox"/> Cash Flow Statement</p> <p><input type="checkbox"/> Statement of Changes in Financial Position</p> <p><input type="checkbox"/> Loan Drawdown Report</p> <p><input type="checkbox"/> Operating Budget</p> <p><input type="checkbox"/> Supplementary Information</p> <p><b>F. Technical</b></p> <p><input type="checkbox"/> Notice of Energy R&amp;D Project (Required with any of the following)</p> <p><input type="checkbox"/> Technical Progress Report (Annual Accomplishment Report)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Draft for Review</p> <p style="padding-left: 20px;"><input type="checkbox"/> Final for Approval</p> <p><input type="checkbox"/> Topical Report</p> <p><input type="checkbox"/> Final Technical Report</p> <p style="padding-left: 20px;"><input type="checkbox"/> Draft for Review</p> <p style="padding-left: 20px;"><input type="checkbox"/> Final for Approval</p> <p><input type="checkbox"/> Software</p> <p><input checked="" type="checkbox"/> Other (Specify):</p> <p style="text-align: center;"><b>See Page 2</b> <span style="float: right;"><b>Y, Q, M</b></span></p> <p><b>G. Environment, Safety &amp; Health</b></p> <p><input type="checkbox"/> (Specify)</p>

5. FREQUENCY CODES

A - As Required	BM — Bi-Monthly	S - Semi-Annually
C - Change to Contractual Agreement	M - Monthly	X - With Significant Changes
F - Final (end of effort)	O - Once After Award	Y - Yearly or Upon Renewal/Revision of Task Assignment
D — Daily	Q - Quarterly	

6. SPECIAL INSTRUCTIONS (ATTACHMENTS)

<input type="checkbox"/> Report Distribution List/Addresses	<input type="checkbox"/> Analysis Thresholds
<input type="checkbox"/> Reporting Elements	<input type="checkbox"/> Work Breakdown Structure
<input type="checkbox"/> Due Dates within <b>20 days after reporting period unless noted</b>	<input type="checkbox"/> Other

7. PREPARED BY	8. REVIEWED BY
<hr style="width: 80%; margin: 0 auto;"/> (Signature) <span style="margin-left: 150px;"> <hr style="width: 80%; margin: 0 auto;"/>  (Date)         </span>	<hr style="width: 80%; margin: 0 auto;"/> (Signature) <span style="margin-left: 150px;"> <hr style="width: 80%; margin: 0 auto;"/>  (Date)         </span>

ADDITIONAL REPORTING REQUIREMENTS

<u>REPORT</u>	<u>FREQUENCY</u>	<u>NO. OF COPIES</u>	<u>ADDRESSEE(s)</u>
1. Management Plan	Y	1	A
2. Status Report	M	2	A,B
3. Labor Plan	Y	2	A
4. Cost Plan	Y	1	A
5. Manpower Level Report	M	1	A
6. Turnover Rate Report	M	1	A
7. Table of Deliverables Report	M	1	A
8. Deliverables Pending Completion Report	M	1	A
9. Full-Time-Equivalent (FTE) Report	Q	1	B

**ADDRESSEES:**

A. Contracting Officer Representative  
US DOE NNSA Service Center  
Personnel Security Department  
P.O. Box 5400  
Albuquerque, NM 87185-5400

B. Contracting Officer  
US DOE NNSA Service Center  
Acquisition & Financial Assistance  
Department  
P.O. Box 5400  
Albuquerque, NM 87185-5400