

U.S. DEPARTMENT OF ENERGY
NATIONAL NUCLEAR SECURITY ADMINISTRATION

REPORTING REQUIREMENTS CHECKLIST

1. PROGRAM/PROJECT TITLE Project Scheduling and Cost Estimating Support Services	2. IDENTIFICATION NUMBER Contract Number DE-EM0003808
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3. PARTICIPANT NAME AND ADDRESS S&K Logistics, LLC
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4. PLANNING AND REPORTING REQUIREMENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="text-align: right; width:10%;"><u>Frequency</u></td> <td style="width:50%;"></td> </tr> <tr> <td colspan="3">A. General Management</td> </tr> <tr> <td><input checked="" type="checkbox"/> Management Plan</td> <td style="text-align: right;">A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Status Report</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Summary Report</td> <td style="text-align: right;">F</td> <td></td> </tr> <tr> <td colspan="3">B. 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5. FREQUENCY CODES		
A - As Required C - Change to Contractual Agreement F - Final (end of effort) D — Daily	BM — Bi-Monthly M - Monthly O - Once After Award Q - Quarterly	S - Semi-Annually X - With Significant Changes Y - Yearly or Upon Renewal of Contractual Agreement/Revision of Task Assignment

6. SPECIAL INSTRUCTIONS (ATTACHMENTS)	
<input type="checkbox"/> Report Distribution List/Addresses <input type="checkbox"/> Reporting Elements <input type="checkbox"/> Due Dates within 20 days after reporting period unless noted	<input type="checkbox"/> Analysis Thresholds <input type="checkbox"/> Work Breakdown Structure <input type="checkbox"/> Other (See attached)

7. PREPARED BY _____ (Signature) (Date)	8. REVIEWED BY _____ (Signature) (Date)
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6. SPECIAL INSTRUCTIONS (Attachments)

**ATTACHMENT
REPORT DISTRIBUTION LIST**

Requirements	Frequency	Address Distribution (See Page 3)
Management Plan	Within 15 calendar days after contract award date.	A, B
Summary Report	Final Summary Report within 15 calendars after completion of the contract.	A, B
Labor Management Plan	Within 15 calendar days after contract award date.	A, B
Cost Management Plan	Within 15 calendar days after contract award date.	A, B
Labor Management Report	Monthly (Submitted as part of monthly invoicing through VIPERS.)	
Cost Management Report	Monthly (Submitted as part of monthly invoicing through VIPERS.)	

List of Addresses

A. Savannah River Operations Office
 Attn: Contracting Officer (Name)
 P. O. Box
 Aiken, SC 29802

B. Savannah River Operations Office
 Attn: Contracting Officer's Representative (Name)
 P. O. Box A
 Aiken, SC 29802

C. Oak Ridge Financial Service Center's (ORFSC)
 Vendor Inquiry Payment Electronic Reporting System (VIPERS)
<http://finweb.oro.doe.gov/vipers.htm>