CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

Form Approved
OMB No. 0704-0188

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A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY:
X003	A	TDP _____ TM _____ OTHER _____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	SP3300-14-X-XXXX	

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE
A001	Quality Control Plan	

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
N/A	SOW Paragraph 5.3	

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
See Block 16		See Block 16	See Block 16
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
			See Block 16

16. REMARKS

Tailored to permit Contractor's format. Submit electronically.
Submit a final site specific QCP not later than 30 calendar days after the start of full performance that details the Contractor's process for a quality system that is a prevention-based outlook and an approach to customer satisfaction that is proactive to meeting the objectives throughout all areas performance IAW paragraph 5.3.
The Contractor's QCP shall be maintained throughout the life of the contract and shall include the Contractor's procedures to routinely evaluate the effectiveness of the plan to ensure the Contractor is meeting the performance standards and requirements of the contract. Subsequent submissions shall be submitted when the Contractor updates or revises the QCP within 30 calendar days of the change.

Block 7 - Inspection and acceptance requirements:
The KO will review and accept the QCP and updates after coordination with the COR review and comments. The accepted plan and subsequent revisions will be incorporated into the contract by modifications.

Block 14 - Distribution - Contractor to submit original to Contract Specialist and copy to the COR.

See C-5.3 Quality Control Plan for required tasks.

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES		
	Draft	Final	
		Reg	Repro
J-7 Contract Spec			
COR			
15. TOTAL →	0	0	0

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE
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A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY:
X003	A	TDP _____ TM _____ OTHER _____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	SP3300-14-X-XXXX	

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE
A002	Safety and Occupational Health (SOH)	

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
N/A	SOW paragraph 5.11	

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
See Block 16		See Block 16	See Block 16
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
			See Block 16

16. REMARKS

Tailored to permit contractor's format. Submit electronically. SOH program plan shall be submitted NLT 30 days after the start of full performance for the first submission. Changes to the SOH Plan that address the Contractor's approach to conform to applicable Safety and Occupational Health Standards shall be submitted within 30 calendar days of the change.

The SOH Plan shall address the Contractor's approach:
1. Developing and implementing systems to effectively identify, evaluate, prevent, and control occupational hazards to prevent employee injuries and illnesses through: management leadership and employee involvement; worksite analysis; hazard prevention and control; and safety and health training.
2. For the Safety and Occupational Health Representative(s) to perform safety and occupational health management, surveillance, inspections, and safety program enforcement
3. To establish a Hazard Reporting Program
4. Conforming to the SOH standards consistent with the most stringent of applicable Federal, State, local regulations and the DLA Distribution Occupational Safety and Health Instruction.
5. To use ESAMS

Block 7 - Inspection and acceptance requirements:
The Contract Specialist will review and accept the SOH plans and updates after coordination with the COR and Installation Support Safety Office review and comments.

Block 14 - Distribution - Contractor to submit original to the Contract Specialist and copy to the COR.

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES		
	Draft	Final	
		Reg	Repro
J-7 Contract Spec			
COR			
15. TOTAL →	0	0	0

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE
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A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY:
X003	A	TDP _____ TM _____ OTHER _____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	SP3300-14-X-XXXX	

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE
A003	Monthly Cost Report for CPFF CLIN	Labor CLIN

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
N/A	Section G, Paragraph C-4	DLA Distribution J7

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
See Block 16	B	Monthly	See Block 16
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
		N/A	See Block 16

16. REMARKS

Tailored to permit contractor's format inclusive of all requirements below.

IAW Section G-4 - Invoicing Instructions - submitted not later than the fifth (5th) working day of each month covering the previous month's charges inclusive of all final subcontractor billings for the prior month.

For CLIN CPFF - Provide data for the following cost elements:
1) Labor; 2) Subcontracts; 3) All Overheads, including G&A ____%; 4) Profit/Fee

For the cost elements above, provide the following measurements on a monthly basis and on a cumulative basis:
1) Budget; 2) Actual Cost; 3) Incurred Cost; 4) Actual Cost of Work Performed (Actual + Incurred); 5) Variance (Budget – Actual)

For the cost elements above, provide the following measurements "At Completion":
1) Revised Budget at Completion; 2) Revised Estimate at Completion; 3) Revised Variance

Compare Revised Estimate at Completion to Contract Value and provide Variance. Provide a graphical representation of the above data.

Block 7 - Inspection and acceptance requirements:
The COR will review and accept CDRL A003.

Block 14 - Distribution - Contractor to submit original to COR and copy to the Contract Specialist.

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES		
	Draft	Final	
		Reg	Repro
J-7 Contract Spec			1
COR		1	
15. TOTAL →	0	1	1

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE
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X003	A	TDP _____ TM _____ OTHER _____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	SP3300-14-X-XXXX	

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE
A004	Monthly Cost Report for Material Support CLIN	Material Support for FPIF

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE
N/A	Section G, Paragraph C-4	DLA Distribution J7

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
See Block 16	B	Monthly	See Block 16
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
		N/A	See Block 16

16. REMARKS

Tailored to permit contractor's format inclusive of all requirements below.

IAW Section G-4 - Invoicing Instructions - submitted not later than the fifth (5th) working day of each month covering the previous month's charges inclusive of all final subcontractor billings for the prior month.

For CLIN - Material Support Costs for FPIF CLIN:
Provide data for the following cost elements:
1) Item Description
2) Cost
3) Material Handling OR G&A Rate ____%
4) Total Material Cost

Block 7 - Inspection and acceptance requirements:
The COR will will review and accept CDRL A004.

Block 14 - Distribution - Contractor to submit original to COR and copy to the Contract Specialist.

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES		
	Draft	Final	
		Reg	Repro
J-7 Contract Spec			1
COR		1	
15. TOTAL →	0	1	1

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