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DATA ITEM DESCRIPTION

Title: CONTRACT STATUS REPORT

Number: DI-MGMT-81991
AMSC Number: N9568
DTIC Applicable: N/A
Office of Primary Responsibility: SH
Applicable Forms: N/A

Approval Date: 20160119
Limitation: N/A
GIDEP Applicable: N/A
Project Number: MGMT-2015-004

Use/Relationship: Contract Status Report provides the progress of work performed and the status of all program assigned tasks, cost and information and management of existing or potential problem areas.

This Data Description (DID) contains the format and content preparation instructions for the data product generated by the specific and discrete task requirement as delineated in the contract.

This DID supersedes DI-MGMT-81928.

Requirements:

1. Format. The Contract Status Report shall be in a format similar to that of Figures 1, 2, and 3 of this DID.

2. Content. The report shall contain a cover sheet identifying the following:
   a. Title of the report
   b. Contractor's name and address
   c. Contract Number
   d. Date of report and period by the report
   e. Data Item Number listed on the CDRL DD FORM 1423-1

2.1 The report shall include results positive and negative related to previously identified problem areas, with conclusions and recommendations.

2.2 The Report shall include an significant changes to the Contract's organization, method of operation, and the project management network.

2.3 The report shall identify problem areas affecting cost elements, technical or scheduling elements, and shall in background and any recommendations for solutions beyond the scope of the contract for the following items:
   a. Funding issues
      (1) Shortfalls
      (2) Overfunding
   b. Task Area Issues

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2.4 The report shall contain cost curves showing actual projected conditions throughout the contract, any cost incurred for the reporting period and total contractual expenditures as of the reporting date.

2.5 The report shall contain Man-hours expended for the reporting period and cumulatively for the contract for the following areas:

a. Trip(s) outside the local area, site visited and purpose
b. Contract schedule status
c. Plans for activities during the following reporting period
d. Name and telephone number of signer of the report
e. Appendixes for any necessary tables, references, photographs, illustrations, and charts

2.6 The report shall contain all of the information specified in Figures 1, 2, and 3, and shall identify employee movement, color coded and highlighted in the comments column.

2.7 The report shall identify the following:

a. Title i.e.: Professional Support Services for the Program Executive Office (PEO) Integrated Warfare System (IWS)
b. Contract Number
c. CLIN Number
d. Latest Contract Modification (# and Date)
e. Period of Performance
f. Reporting Period
g. Contractor's POC
h. Government PM
i. Government COR

2.9 Financial/Labor Data. The report shall also include the following:
a. Contract Value
b. Funded to date
c. Cost of work performed during period (period to be defined as CY)
d. Planned travel for the upcoming Calendar Month to include location, number of contractor personnel and purpose
e. Actual: Monthly Hours Burned by each contractor/employee
f. Invoice Date/Amount/Number

3.0 Summary: The report shall contain a summary by Project, Work Area and Technical Instruction.

3.1 A Description of the progress made during the reporting period, the value-added tasks performed by the prime contractor shall be specifically addressed, key and non-key personnel shall be clearly identified when work is performed by a subcontractor and key and non-key personnel performing the tasks shall be identified.

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3.2 The status of all assigned deliverables, including title, CDRL number, due date, date delivered, Contractor point of contact and title of deliverable(s) shall be included.

3.3 The report for each contract period shall include a cumulative list of all deliverable items provided.

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FINANCIAL/LABOR HOUR DATA BY TASK FIGURE 1
WORK COMPLETED BY TASK

Task	Sub task Nr.	Task Description	Customer	Name/Employee	Labor or ODCs (Fully Burdened)	Value	Funded to Date	Funding Required to End of CY (Cost)	Funding Required to End of CY (Fixed Fee)	Funding Required to End of CY (Total)	ACTUAL: Mthly Hours Burned	Invoice Number	Invoiced Amount	Invoiced To Date	Date Sub contractor invoice approved by Corp	Recent Actual Payments to Sub Contractor
		Red indicates costs have exceeded funding														
		Yellow indicates costs are close to exceeding funding.														
1.1	1.1.1	NMCI, NAVSEA CIO and Enterprise primary coordinator		Jane Doe	Labor											
					ODCs											
	1.1.2	Assist in Strategic Planning		John Smith	Labor											
					ODCs											
	1.1.3	Portfolio Management.		John Doe	Labor											
					ODCs											
3.1	3.1.1	ACTD Operations Specialist support		John Doe	Labor											
					ODCs											
					Totals											

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WORK COMPLETED BY CLIN/SLIN - FIGURE 2

CLIN/SLIN	ACRN	PR Number	Ref Doc/ACRN	MOD	Appropriation	Subhead	OBJ	PARM	RFM	AAA	TT	PPA	Project Unit	Funded	Expended	Balance
																$
		Totals												$	- $	- $
																$
		Totals												$	- $	- $
																$
																$
		Totals												$	- $	- $
																$
																$
																$
																$
																$
																$
		Totals												$	- $	- $
																$
																$
																$
		Totals												$	- $	- $
																$
																$
																$
																$
		Totals												$	- $	- $
													Grand Totals	$	- $	- $

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STAFFING PLAN - FIGURE 3

NAME/EMPLOYEE	LABOR CATEGORY	TASK AREA SUPPORTED	CONTRACTOR / SUBCONTRACTOR	COMPANY NAME	GOVERNMENT SITE	FTE HOURS	COMMENT
Task 1 -							
Task 2 -							
Task3 -IWS Technical - Provide Support to PEO IWS Advanced Technology							

End of DI-MGMT-81991