

U.S. DEPARTMENT OF ENERGY
 NATIONAL NUCLEAR SECURITY ADMINISTRATION

REPORTING REQUIREMENTS CHECKLIST

1. PROGRAM/PROJECT TITLE Administrative Support Services	2. IDENTIFICATION NUMBER Contract Number DE-EM0003138
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3. PARTICIPANT NAME AND ADDRESS Time Solutions, LLC

4. PLANNING AND REPORTING REQUIREMENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> A. General Management <input checked="" type="checkbox"/> Management Plan <input type="checkbox"/> Status Report <input checked="" type="checkbox"/> Summary Report B. Schedule/Labor/Cost <input type="checkbox"/> Milestone Schedule/Plan <input checked="" type="checkbox"/> Labor Management Plan <input type="checkbox"/> Facilities Capital Cost of Money Factors Comp. <input type="checkbox"/> Contract Facilities Capital and Cost of Money <input checked="" type="checkbox"/> Cost Plan <input type="checkbox"/> Milestone Schedule/Status <input checked="" type="checkbox"/> Labor Management Report <input checked="" type="checkbox"/> Cost Management Report C. Exception Reports <input type="checkbox"/> Conference Record <input type="checkbox"/> Hot Line Report D. 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6. SPECIAL INSTRUCTIONS (ATTACHMENTS) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> <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 </td> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> Analysis Thresholds <input type="checkbox"/> Work Breakdown Structure <input type="checkbox"/> Other (See attached) </td> </tr> </table>	<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)
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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.) Copy as indicated	A, B, C
Cost Management Report	Monthly Via Email	A, B, C

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>