

U.S. DEPARTMENT OF ENERGY
NATIONAL NUCLEAR SECURITY ADMINISTRATION

REPORTING REQUIREMENTS CHECKLIST

<p>1. PROGRAM/PROJECT TITLE Technical Support Services - Security</p>	<p>2. IDENTIFICATION NUMBER Contract DE-EM0003927</p>												
<p>3. PARTICIPANT NAME AND ADDRESS Veteran Solutions, Inc</p>													
<p>4. PLANNING AND REPORTING REQUIREMENTS</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>A. General Management <u>Frequency</u></p> <p><input checked="" type="checkbox"/> Management Plan A</p> <p><input type="checkbox"/> Status Report </p> <p><input checked="" type="checkbox"/> Summary Report F</p> <p>B. Schedule/Labor/Cost</p> <p><input type="checkbox"/> Milestone Schedule/Plan </p> <p><input checked="" type="checkbox"/> Labor Management Plan A</p> <p><input type="checkbox"/> Facilities Capital Cost of Money Factors Comp. </p> <p><input type="checkbox"/> Contract Facilities Capital and Cost of Money Cost Plan A</p> <p><input type="checkbox"/> Milestone Schedule/Status </p> <p><input checked="" type="checkbox"/> Labor Management Report M</p> <p><input checked="" type="checkbox"/> Cost Management Report M</p> <p>C. Exception Reports</p> <p><input type="checkbox"/> Conference Record </p> <p><input type="checkbox"/> Hot Line Report </p> <p>D. 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<p>7. PREPARED BY</p> <p>_____</p> <p align="center"><i>(Signature)</i> <i>(Date)</i></p>	<p>8. REVIEWED BY</p> <p>_____</p> <p align="center"><i>(Signature)</i> <i>(Date)</i></p>												

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>