

SEE ATTACHED ADOBE ACROBAT FILE FOR AL FORM 480.1

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REPORTING REQUIREMENTS CHECKLIST

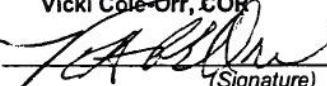

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| 1. PROGRAM/PROJECT TITLE Training/Support Services for the Office of Secure Transportation | 2. IDENTIFICATION NUMBER DE-AM04-03AL67577 |
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| 3. PARTICIPANT NAME AND ADDRESS Wackenhut Services, Inc. (WSI) 7121 Fairway Drive, Suite 301 Palm Beach Gardens, FL 33418-3766 |
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| <p>4. PLANNING AND REPORTING REQUIREMENTS</p> <p>A. General Management <u>Frequency</u></p> <p><input checked="" type="checkbox"/> Management Plan (requires COR approval) *</p> <p><input type="checkbox"/> Status Report *</p> <p><input checked="" type="checkbox"/> Summary Report *</p> <p>B. Schedule/Labor/Cost</p> <p><input checked="" type="checkbox"/> Milestone Schedule/Plan *</p> <p><input checked="" type="checkbox"/> Labor Plan *</p> <p><input type="checkbox"/> Facilities Capital Cost of Money Factors Comp.</p> <p><input type="checkbox"/> Contract Facilities Capital and Cost of Money</p> <p><input checked="" type="checkbox"/> Cost Plan *</p> <p><input checked="" type="checkbox"/> Milestone Schedule/Status *</p> <p><input checked="" type="checkbox"/> Labor Management Report *</p> <p><input checked="" type="checkbox"/> Cost Management Report *</p> <p>C. Exception Reports</p> <p><input type="checkbox"/> Conference Record</p> <p><input type="checkbox"/> Hot Line Report</p> <p>D. Performance Measurement</p> <p><input type="checkbox"/> Management Control System Description</p> <p><input type="checkbox"/> WBS Dictionary</p> <p><input type="checkbox"/> Index</p> <p><input type="checkbox"/> Element Definition</p> <p><input checked="" type="checkbox"/> Cost Performance Reports</p> <p><input checked="" type="checkbox"/> Format 1 - WBS *</p> <p><input checked="" type="checkbox"/> Format 2 - Function *</p> <p><input checked="" type="checkbox"/> Format 3 - Baseline *</p> | <p>E. Financial Incentives <u>Frequency</u></p> <p><input type="checkbox"/> Statement of Income and Expenses</p> <p><input type="checkbox"/> Balance Sheet</p> <p><input type="checkbox"/> Cash Flow Statement</p> <p><input type="checkbox"/> Statement of Changes in Financial Position</p> <p><input type="checkbox"/> Loan Drawdown Report</p> <p><input type="checkbox"/> Operating Budget</p> <p><input type="checkbox"/> Supplementary Information</p> <p>F. Technical</p> <p><input type="checkbox"/> Notice of Energy R&D Project (Required with any of the following)</p> <p><input type="checkbox"/> Technical Progress Report (Annual Accomplishment Report)</p> <p><input type="checkbox"/> Draft for Review</p> <p><input type="checkbox"/> Final for Approval</p> <p><input type="checkbox"/> Topical Report</p> <p><input type="checkbox"/> Final Technical Report</p> <p><input type="checkbox"/> Draft for Review</p> <p><input type="checkbox"/> Final for Approval</p> <p><input type="checkbox"/> Software</p> <p><input checked="" type="checkbox"/> Other (Specify):</p> <p>G. Environment, Safety & Health</p> <p><input type="checkbox"/> (Specify)</p> |
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| 5. FREQUENCY CODES | | |
| <p>A - As Required</p> <p>C - Change to Contractual Agreement</p> <p>F - Final (end of effort)</p> <p>D - Daily</p> | <p>BM - Bi-Monthly</p> <p>M - Monthly</p> <p>O - Once After Award</p> <p>Q - Quarterly</p> | <p>S - Semi-Annually</p> <p>X - With Significant Changes</p> <p>Y - Yearly or Upon Renewal/Revision of Task Assignment</p> |

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

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| 7. PREPARED BY Vicki Cole-Off, COR  (Signature) <u>8/13/03</u> (Date) | 8. REVIEWED BY David A. Nienow, Contracting Officer  (Signature) <u>8/12/03</u> (Date) |
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REPORT DISTRIBUTION LIST

| <u>Report</u> | <u>Form No.</u> | <u>Frequency</u> | <u>Copies</u> | <u>Address</u> |
|--|-----------------|------------------|---------------|----------------|
| Work Breakdown Structure (FY Budget) | OTS-WBS | A | 1, 2 | A, B |
| Summary Report | 1332.2 | M | 1, 1 | A, B |
| Status Report (narrative) W/Milestone Schedule Plan/Status | 1332.3 | | | |
| Labor Plan | 1332.3 | OA | 1, 1 | A, B |
| Cost Plan | 1332.7 | OA | 1, 1 | A, B |
| Labor Management Plan | 1332.8 | M | 1, 1 | A, B |
| Cost Management Plan | 1332.9 | M | 1, 1 | A, B |
| Full Time Equivalent Report | None | Q | 1, 1 | A, B |
| Subcontracting Report | SF 294 | Q | 2, 1 | A, B |
| Accrued Cost Report | None | M | 1, 1 | A, B |
| Billing & Progress Report | None | M | 1, 1 | A, B |
| Funds Applied to Contract | None | M | 1, 1 | A, B |
| DPLH Expended to Date | None | M | 1, 1 | A, B |

Technical/Other:

| <u>Report</u> | <u>Form</u> | <u>Frequency</u> | <u>Copies</u> | <u>Address</u> |
|---|-------------|------------------|---------------|----------------|
| Property Management Procedures | None | * | 1, 1, 1 | A, B, C |
| Quality Assurance Plan | O 5700.6C | A | 1, 1 | B, C |
| Report of DOE-Owned & Capital Equipment over \$25,000 | 4300.3 | S | 1, 1 | B, C |
| Report of Physical Inventory of Sensitive Items over \$5,000 | None | Y | 1, 1 | B, C |
| Report of Physical Inventory of Sensitive Items | None | Y | 1, 1 | B, C |
| List of All Government-owned Vehicles | None | Y | 1, 1 | B, C |
| Training Activity Calendar / Planning Guide | None | Y | 1, 1 | B, D |
| Training Activity Operations Plan | None | Y | 1, 1 | B, D |
| Training Activity Logistical Support Plan | None | Y | 1, 1 | B, D |
| Training Activity ES&H Plan | None | Y | 1, 1 | B, D |
| Training Activity After Action Plan | None | Y | 1, 1 | B, D |
| Training Activity Lessons Learned Report | None | Y | 1, 4 | B, D |
| Project Status Report | None | Q | 1, 1, 4 | A, B, D |
| Personnel Assurance Program Plan | O 472-1B | OA | 1, 2 | A, B |
| | OTS Policy | OA | | |
| Substance Abuse Plan | 10 CFR 707 | OA | 1, 2 | A, B |
| Security Plan | O 470.1 | OA | 1, 2 | A, B |
| Maintenance Management Plan | O 430.1 | OA | 1, 2 | A, B |
| Reports & Deliverables Required by DOE | None | A | 1 | B |
| NNSA Orders and Other Applicable Regulations | | | | |
| Tabulation of Work-Hours & Vehicle Usage & Property Valuation | 5484.4 | Q | 1 | B |
| Individual Accident/Incident Report | 5484.Z | Q | 1 | B |

*30 days after award

Environment, Safety & Health:

| <u>Report</u> | <u>Form</u> | <u>Frequency</u> | <u>Copies</u> | <u>Address</u> |
|---------------|-------------|------------------|---------------|----------------|
| ES&H Plan | None | A | 2 | B |

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LIST OF ADDRESSEES

A. **Contracts Specialist**
Office of Contracts & Procurement
Department of Energy/NNSA
Albuquerque Operations Office
P. O. Box 5400
Albuquerque, New Mexico 87185-5400

B. **Contracting Officer's Representative**
Office of Transportation Safeguards
Department of Energy/NNSA
P. O. Box 5400
Albuquerque, New Mexico 87185-5400

C. **Property Management Officer**
Office of Transportation Safeguards
Department of Energy/NNSA
P. O. Box 5400
Albuquerque, New Mexico 87185-5400

D. **Manager (Division Office)**
Office of Transportation Safeguards
Department of Energy/NNSA
P. O. Box 5400
Albuquerque, New Mexico 87185-5400

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REPORTING REQUIREMENTS CHECKLIST

PURPOSE

The checklist identifies and communicates additional reporting requirements, which are not otherwise set forth in a DOE contractual agreement. It will be included as part of the contractual agreements. The checklist will be completed for each contract or financial incentives agreement. If necessary, special instructions may be appended to

INSTRUCTIONS

Item 1. Enter the title of the project as indicated in the procurement request, contract, interagency agreement, initiating memorandum, or official award, as appropriate.

Item 2. Enter the identification number of the procurement request, contract award, or financial incentives agreement, as appropriate.

Item 3. Enter the name and address of the participant.

Item 4. Check spaces to indicate plans and reports selected. For each reporting requirement selected, indicate the frequency of delivery using one of the frequency codes from Item 5. The addressees to whom reports will be sent and the total number of copies required will be referenced in an attached coded distribution list.

Note: Frequency codes represent specific reporting frequencies for each selected report. The frequencies are recommended in the solicitation and negotiated prior to award. The number of copies required and the addressees are similarly finalized prior to award.

Item 5. This item lists the possible frequency codes to be applied in the selection of reporting requirements.

Item 6. Attach special instructions as necessary. Check the appropriate box(es).

Item 7. Signature of person preparing checklist and the date prepared.

Item 8. Signature of person reviewing the checklist and date reviewed.

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