



**CUI**  
**DEFENSE CONTRACT MANAGEMENT AGENCY**  
3901 ADAMS AVENUE, BUILDING 10500  
FORT GREGG-ADAMS, VA 23801-1809

[Month Day, Year]

[Subcontractor POC  
Title  
Subcontractor Name  
Address]

Dear [Ms./Mr. Subcontractor POC],

The purpose of this letter is to inform you that your Earned Value Management System (EVMS) is assessed to be compliant to the 32 Electronic Industry Alliance (EIA) 748 EVMS Guidelines. In accordance with the terms and conditions of DFARS clause 252.234-7002, Earned Value Management System, and DCMA policy on Compliance Reviews, the [Subcontractor Name] EVMS in [City], [State], CAGE Code [XXXXX] is compliant with the intent of the 32 EIA EVMS Guidelines.

This assessment is based on the results from a formal Compliance Review performed by the DCMA [Name of the EVMS Center hub]EVMS Center Group from [Month] [Day XX- Day XX] , [YEAR] using data on subcontract [Subcontract Number], which contained EVMS flow down requirements from [First Tier Sub Contractor Name] subcontract [Subcontract Number] to [Prime Contractor Name] prime contract [Prime Contractor Number].

Formal business system determination provisions do not apply to subcontractors with no current prime contracts requiring that business system determination. However, in accordance with DCMA policy EVMS Compliance Reviews, the EVMS Center Director shall decide to access compliance or non-compliance. I have assessed the [Subcontractor Name] EVMS as compliant to the 32 EIA 748 EVMS Guidelines. In the event [Subcontractor Name] has prime contracts in the future, this letter and the attached reports may be used as an input for making a formal determination.

Should you have any questions concerning this assessment, please contact the EVMS [Name of the EVMS Center hub]Center Group Lead, [Name of the EVMS Center Group Lead]at [Email address] or [Phone Number].

Controlled by: DCMA Controlled by: PIX[X]– EVMS Center CUI Category: General Procurement and Acquisition, General    Proprietary Business Information Distribution/Dissemination Control: [FED only/ FEDCON] POC: [Originating DCMA Office or person name, telephone, and email]
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Sincerely,

**[Director Name]**  
Director  
DCMA EVMS Center

Enclosure(s):  
Level II CAR(s)

cc:

**[Name]**, Director, DCMA EVMS Center  
**[Name]**, Deputy Director, DCMA EVMS Center  
**[Name]**, Commander, DCMA **[CMO Name]**  
**[Name]**, ACO, DCMA **[CMO Name]**  
**[Name]**, Group Lead **[EVMC Hub Name]**, DCMA EVMS Center  
**[Name]**, Group Lead **[EVMC Hub Name]**, DCMA EVMS Center

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