

CUI
DCMA EVMS Review Request Information Sheet (RRIS)

Notification Date:			
Type of Review Requested: (Check one Box) Validation <input type="checkbox"/> Implementation <input type="checkbox"/> Review for Cause <input type="checkbox"/>			
CONTRACTOR INFORMATION			
Company Name:			
Business Unit: (If applicable):			
Mailing Address:			
Facility Address:			
CAGE code:			
EVMS Acceptance: (Date)			
Scheduling Tool:			
EVMS Tool:			
Current EVMS Status:	This should include: <ul style="list-style-type: none"> History and status of the EVMS; The EVMS plan submitted in response to request for proposal/solicitation; Any internal/external reviews conducted (including self-assessments), Issues identified, and Corrective action plans with progress achieved, outstanding issues, etc. 		

CONTRACTOR EVM POC INFORMATION:			
Name			
Title			
Organization			
Phone	Work:	Cell:	
Email address			

CONTRACT INFORMATION (Repeat this page for multiple EVMS Contracts)	
Program Title	
Program Phase	
Contract Number	
Type of Contract	
Period of Performance	
Date of Contract Award	
Estimated Completion Date	
Period of Performance	
Contract Price (Value)	
Total Allocated Budget (TAB)	
Negotiated Contract Cost (NCC)	
Contract Budget Base (CBB)	
Over-Target Budget (OTB)	
Management Reserve (MR)	
Percent Complete to Budget at Completion (BAC) of the Performance Measurement Baseline (PMB)	
Most Likely Estimate at Completion (EAC)	
EVM Statement of Work (SOW) paragraphs (Attach electronic copy)	
Applicable EVMS Clauses (list and attach electronic copies)	
VM Data Requirements Documents: <ul style="list-style-type: none"> • Integrated Program Management Report (IPMR) or the Contract Performance Report (CPR) & Integrated Master Schedule (IMS) • Integrated Master Plan (IMP) • Contract Work Breakdown Structure (CWBS Index/Dictionary) • EVMS Description, directives, procedures, and operating instructions (List here and attach or provide electronic copies when submitting the form)	

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(1) SUBCONTRACTOR INFORMATION (Repeat this page for multiple EVMS Subcontracts)			
Company Name			
Subcontract Value			
Period of Performance			
EVMS Requirements			
Nature of Subcontracted Effort			
EVM Flow-down Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Proper EVM Clauses Included: Yes <input type="checkbox"/> No <input type="checkbox"/>

(1) SUBCONTRACTOR EVM POC INFORMATION:			
Name			
Title			
Organization			
Phone	Work:	Cell:	
Email address			
Mailing Address			

(2) SUBCONTRACTOR INFORMATION (Repeat this page for multiple EVMS Subcontracts)			
Company Name			
Subcontract Value			
Period of Performance			
EVMS Requirements			
Nature of Subcontracted Effort			
EVM Flow-down Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Proper EVM Clauses Included: Yes <input type="checkbox"/> No <input type="checkbox"/>

(2) SUBCONTRACTOR EVM POC INFORMATION:			
Name			
Title			
Organization			
Phone	Work:	Cell:	
Email address			
Mailing Address			

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PROGRAM & CUSTOMER INFORMATION (Repeat this page for multiple Programs)				
Program DAI Code				
Program Name				
ACAT Rating				
Program Phase				
Short Program Description				
Customer (Service/Command/ Buying Activity or Agency)				
Program Manager				
Name				
Title				
Organization				
Address				
Phone	Work:		Cell:	
Email				
EVM Focal Point				
Name				
Title				
Organization				
Address				
Phone	Work:		Cell:	
Email				
PCO Focal Point				
Name				
Title				
Organization				
Address				
Phone	Work:		Cell:	
Email				
DCMA Delegations				

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DCMA INFORMATION				
Cognizant CMO: DCMA CMO Commander				
Name				
Title				
Organization				
Address				
Phone	Work:		Cell:	
Email				
EVM Program Analyst				
Name				
Title				
Organization				
Address				
Phone	Work:		Cell:	
Email				
Program Integrator				
Name				
Title				
Organization				
Address				
Phone	Work:		Cell:	
Email				
ACO				
Name				
Title				
Organization				
Address				
Phone	Work:		Cell:	
Email				
Divisional ACO or Corporate ACO				
Name				
Title				
Organization				
Address				
Phone	Work:		Cell:	
Email				