



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

DCMA-PIX[x]

[DATE]

Mr.\Mrs. [XXXXXXX XXXXXX]
[Contractor Name]
[Recipient Title]
[Address]
[City, State, Zip Code]

Dear [Mr.\Mrs.XXXXX]:

The Defense Contract Management Agency (DCMA) Earned Value Management Systems Center (EVMSC) has identified an Earned Value Management System (EVMS) requirement per the Defense Federal Acquisition Regulation Supplement (DFARS) clause 252.234-7002 included in **[program names for contract numbers]**.

As the **[contractor city/state]** has not been reviewed for initial compliance, in accordance with DFARS 242.302 (S-71) the EVMSC intends to conduct an Initial Visit (IV) on the **[programs or contract Names]**, at **[contractor city and State]** facility on **[Month Day-Day, Year]**. The IV provides an opportunity for early dialogue between DCMA and **[contractor name]** on the compliance review (CR) process, expectations, data analysis results and discussions regarding the EVMS processes and procedures.

Enclosure 1 contains a list of EVMS data items required to conduct this event. **[contractor name]** shall provide enclosed data items no later than **[Month Day, Year]**. The data provided should include EVM information through **[Month, Year]** and be submitted in electronic format to Mr./Mrs. **[DCMA POC Name]**, email **[xxxx.xxxx.civ@mail.mil]**, telephone **[xxx-xxx-xxxx]**.

Questions concerning the requested documentation should be directed to **[DCMA EVMSC POC Name]** at **[xxxxxx.xxxxxx.civ@mail.mil]** or phone number **[(xxx) xxx-xxxx]**.

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,

[group lead name]
[corporate group name and city], EVMS Group
Lead
DCMA Portfolio Management & Business
Integration

Enclosure
EVMS CR data item list

cc:

[name], Director, DCMA EVMS Center

[name], Deputy Director, DCMA EVMS Center

[rank name], **[commander or director title]**, DCMA **[CMO name]**

[Mr./Mrs./Ms. First Last], **[Position ACO/DACO/CACO]**

