

CUI

DCMA EVMS Intake and Analysis Form (IAF)

Stakeholder Information	
Requesting Organization(RO):	
RO POC Name:	
Position:	
Email:	
Phone:	
Contract Management Office (CMO) POC (PI/EVM-specialist)	

Summary of RO Concerns:

To include CDRL rejection concerns (Type, Customer rationale, and Contractor response)

Summary of CMO input:

FACILITY INFORMATION	
Current EVMS CBS status and date	
Are there any disapproved CBS?	
Any EVM(S) related CARs? (recently closed/open)	
Current EVMS surveillance at facility?	
Number of contracts at facility with EVMS DFARS 252.242-7002 Clause.	

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CONTRACT INFORMATION	
Program Name	
Contract Number	
Period of Performance	
Contract Price (Value)	
Over-Target Budget (OTB)	
% Complete	
Verified DFARS on Contract	

MAJOR SUBCONTRACTOR INFORMATION (w/EVMS flow-down)	
Company Name	
Subcontract Value	
Period of Performance	
EVMS Requirements	
Nature of Subcontract Effort	

EVMS Center Recommendation:
(Follow procedure for BP6 or BP4, or No action)

Rationale:

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