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|--|--|---|--|--|--|---|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | | 1. CONTRACT ID CODE J - FFP | | PAGE OF PAGES 1 of 3 | |
| 2. AMENDMENT/MODIFICATION NO. P00003 | | 3. EFFECTIVE DATE 17 JUL 2013 | | 4. REQUISITION/PURCHASE REQ.NO. | | 5. PROJECT NO. (If applicable) | |
| 6. ISSUED BY AFPEO ESC/HIJK | | CODE FA8771 | | 7. ADMINISTERED BY (If other than Item 6) | | CODE FA8771 | |
| DEPARTMENT OF THE AIR FORCE (AFMC) AFLCMC/HIK 490 EAST MOORE DR., SUITE 270 MAFB - GUNTER ANNEX AL 36114-3000 KELLY EASTERLING 334-416-2257 kelly.easterling@gunter.af.mil | | | | DEPARTMENT OF THE AIR FORCE (AFMC) AFPEO/EIS (ESC/HIK) 490 EAST MOORE DRIVE SUITE 270 MAFB-GUNTER ANNEX AL 36114-3000 | | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) DSD LABORATORIES, INC. 75 UNION AVE STE 200 SUDBURY MA 01776-2279 | | | | (X) | | 9A. AMENDMENT OF SOLICITATION NO. | |
| | | | | X | | 9B. DATED (SEE ITEM 11) | |
| | | | | | | 10A. MODIFICATION OF CONTRACT/ORDER NO. FA8771-12-D-1005 | |
| | | | | | | 10B. DATED (SEE ITEM 13) 21 JUN 2012 | |
| CODE 0ABU8 | | FACILITY CODE | | | | | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | | | |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. | | | | | | | |
| 12. ACCOUNTING AND APPROPRIATION DATA (If required) | | | | | | | |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATION OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. | | | | | | | |
| (X) | | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: () THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. ITEM 10A. | | | | | |
| | | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). | | | | | |
| X | | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 43.103(a) | | | | | |
| | | D. OTHER (Specify type of modification and authority) | | | | | |
| E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office. | | | | | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this modification is to update CDRL A001 and add CDRL A006. Please see the schedule for a summary. | | | | | | | |
| Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. | | | | | | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | | | 16A. NAME AND TITLE OF SIGNER (Type or print) | | | |
| | | | | LINDA R. LOWMILLER Contracting Officer | | | |
| 15B. CONTRACTOR/OFFEROR | | 15C. DATE SIGNED | | 16B. UNITED STATES OF AMERICA | | 16C. DATE SIGNED | |
| | | | | //signed// | | 17 JUL 2013 | |
| _____ (Signature of person authorized to sign) | | | | BY _____ (Signature of Contracting Officer) | | | |

1. The purpose of this modification is to make administrative changes to the Contract Data Requirements List (CDRL).
2. CDRL A001, Delivery/Task Order Status Report (DOSR) Instructions, has been modified.
3. CDRL A001, Small Business Delivery/Task Order Status Report Template, has been modified.
4. CDRL A006, Reporting Compliance with Limitations on Subcontracting, has been added. Instructions for submission are included in Block 16.
5. All other terms and conditions remain unchanged.

LIST OF ATTACHMENTS

| DOCUMENT | PGS | DATE | TITLE |
|-----------|-----|-------------|-----------------|
| EXHIBIT A | 14 | 08 JUL 2013 | CDRLS A001-A006 |

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|------------------------------|
| 17. PRICE GROUP |
| 18. ESTIMATED TOTAL PRICE |

**NETCENTS 2 Application Services-Small Business
Delivery/Task Order Status Report (DOSR) Instructions**

1. Overall Instructions –
 - a. All NETCENTS 2 prime contract holders are to provide delivery order status report information every month covering the period from the first through the last calendar day of the previous month.
 - b. This data shall be sent, by the 10th of the reporting month (if the 10th falls on a weekend or holiday, the information is due NLT the next business day), via e-mail, to the two organization email boxes:
 - i. AFPEO.BES.HICI.Financials@gunter.af.mil
 - ii. nc-2.app.services@gunter.af.mil
 - iii. Data shall be delivered as a Microsoft Excel Spreadsheet or some other mutually agreeable standardized format (CSV, ACCDB, etc.).
 - c. If there is no DOSR data to report, an email to the above email boxes (and following the subject line instructions set out below), may be sent in lieu of a blank spreadsheet, stating that you have no data to report for that reporting period..
2. Concept of Operations –
 - a. Every delivery/task order received by the contractor must be reported once, at a minimum.
 - b. Orders will be reported from the date accepted by vendor. Once an order that has been completely shipped or partial labor hours used, invoiced and paid, it should be removed from future DOSR submissions.
 - c. Order changes should be reflected with an updated report submission showing the Order Status Indicator in the DOSR. See the attached DOSR template for more detailed information on reporting requirements for order changes.
 - d. Orders may include multiple items. Each item will be a row in the spreadsheet with the order information duplicated for all items in the same order.
 - e. The attached DOSR template defines how to setup the DOSR spreadsheet deliverable. The spreadsheet should be a true row/column format. The DOSR is uploaded into a government DOSR database so it is important that column names, order and formats be the same as shown in the column layout and description of the DOSR format in the template. A spreadsheet file based on the template is available upon request for emailing.
 - f. All order information should be completed for each item ordered. Do not leave columns blank, unless allowed by the item description. For those columns that do not apply, put "N/A" or 0.00, as appropriate.
3. File Naming and Subject Line Instructions –
 - a. File Name Format: File names of the A001 deliverable needs to be standardized to help distinguish the various DOSR reports from the various vendors. The naming convention needs to be as follows:
 - i. Contract Number, A001, Vendor Name, Data Month/Year, Reporting Month/Year
 - ii. **[Example: FA877112D1008 A001 Indrasoft July2013 Data August2013 Report]**
 - b. Copies of the DOSR will be sent to the e-mail organization boxes mentioned above in paragraph 1. The subject line format of the e-mail should be as follows:
 - i. Contract Number , A001, Vendor Name, Reporting Month and Year
 - ii. **[Example: FA877112D1001 A001 Datum Software August 2013]**

Netcents 2 Application Services - Small Business Delivery/Task Order Status Report (DOSR) Template

| Column | Data Element | Description | Excel Column Format Type | Length |
|--------|------------------------------------|--|--------------------------|------------|
| A | Contract | The number assigned to the contract by the NETCENTS-2 Procuring Contracting Officer. Example: FA877111D1000. Required. | General/Text | 13 |
| B | Delivery Order Number | Government Delivery Order number. Usually a four character number. Required for all Government Delivery Orders. | General/Text | 4-25 |
| C | Delivery Order Modification Number | Denotes a modification to the basic order and additional modification to that order thereafter. Required for all orders that have been modified. Basic orders are always "00". | General/Text | 2 |
| D | Date Order Accepted | The date the vendor accepted the order or order modification. In the absence of an acceptance date, enter the date of the initial order or modification. Required for all orders. | Short Date | MM/DD/YYYY |
| E | Vendor Order Number | The order number provided by the vendor, if applicable. Duplicate Order Numbers for different orders are not allowed. | General/Text | 25 |
| F | RFQ Number | Enter the AFWAY Request for Quote or Request for Proposal number. Entry format ##### for those AFPEO BES/HIC Contracts that utilize a number/tracking system (e.g. NETCENTS 2 contract). Required if AFWAY is used, otherwise put N/A. | General/Text | 10 |
| G | Order Total Amount | The value of the order. In the event of a modification, the value entered shall be the amount of increase or decrease of the basic order amount (This is not a cumulative of the contract value...only the mod amount). When there is a modification whereby the order is either increased or decreased, the amount of the change should be entered separately in the row associated with the modification number. Required for all orders. | Accounting/Currency | 25.2 |
| H | Period of Performance (PoP) Start | For Service orders enter date Performance starts. When option periods are involved, there should be a modification number reported separately. The performance start for that option(s) should reported within the row reflecting the associated modification. Required | Short Date | MM/DD/YYYY |
| I | Period of Performance (PoP) End | For Service orders enter date Performance ends. This date should be for the basic period. When option periods are involved, there should be a modification number reported separately. The performance end for that option(s) should reported within the row reflecting the associated modification and start date. Required | Short Date | MM/DD/YYYY |
| J | Order Status Indicator | All orders MUST be reported from initial receipt by vendor to final invoice/voucher. A = Active Order. X = Cancelled, Order Number will not be reused S = Shipped, Delivered and Invoiced all items/services under order E = Error in Delivery Order F = Final Payment Received from Government for all invoices/vouchers M = Pending Modification C = Delivery Order has been fully closed out P= Partial Shipment NOTE: for X and E status, a brief reason should be included in Comments section Required | General/Text | 1 |
| K | Issued by Agency or MAJCOM | The Agency or MAJCOM for that issued the task order. Required. | General/Text | 50 |
| L | Issued By Organization | Enter the Organizational name that issued the delivery order. Required. | General/Text | 50 |
| M | Issued By Name | Enter Name of the Governmental Contracting Officer that issued the delivery order. Required | General/Text | 50 |
| N | Issued By Email | Enter the e-mail of the Governmental Contracting Officer that issued the delivery order. Required. | General/Text | 50 |
| O | Issued By DODAAC | DODACC of issuing organization. Required. | General/Text | 6 |
| P | Mark for Organization | Enter the organization for whom the product/service is intended. Required. | General/Text | 50 |

Section J, Exhibit A, A001

FA8771-12-D-1005, P00003

Page 3 of 4

| Column | Data Element | Description | Excel Column Format Type | Length |
|--------|--------------------------------|---|--------------------------|------------|
| Q | CLIN | Enter the Contract Line Item Number. Each CLIN number (CLIN) goes on a separate line. Required. | General/Text | 6 |
| R | SLIN | If applicable, enter the Contract sub-line Item Number (SLIN). Each SLIN number goes on a separate line. Otherwise, put N/A. Required. | General/Text | 6 |
| S | NCCPP | NETCENTS Contractor to Contractor Products Purchase. Used for those orders that contain product purchases from the NETCENTS 2 products contract. Yes or No (Y/N) Required. | General/Text | 1 |
| T | Product Vendor Contract Number | Indicate the products vendor used for the purchase of the item. If more than one vendor is used, place each individual vendor order on a separate DOSR line. Required if the NCCPP column is "Yes". | AlphaNumeric | 16 |
| U | Total Price of Products | Total Price of Product(s)/ODC ordered. Required if the NCCPP column is "Yes". | Accounting/Currency | 25.2 |
| V | Product Description | Enter the description of the service. Required. | General/Text | 255 |
| W | Quantity Ordered | Enter the quantity ordered for each line item. For services task orders, enter a "1". Required. | Number | 6 |
| X | Quantity Shipped | Enter the quantity shipped for each line item. For services task orders, enter a "1". Required. | Number | 6 |
| Y | Unit of Issue | Enter the Unit of Issue (e.g. ea = each, bx = box, ft = foot, lt = lot). Required. | General/Text | 2 |
| Z | Unit Price | Enter the cost per unit of issue. Required. | Accounting/Currency | 25.2 |
| AA | Extended Price | Enter the extended price for the line item (calculated by multiplying Unit Price X Quantity Shipped). Required. | Accounting/Currency | 25.2 |
| AB | Contract Category Code | CO = Cost; CF = Cost Plus Fixed Fee; CA = Cost Plus Award Fee; CI = Cost Plus Incentive Fee FP = Firm Fixed Price; FPAF - Fixed Price Award Fee; FPIF = Fixed Price Incentive Fee; LH = Labor Hour; PR = Products. Required for all items. | General/Text | 2 |
| AC | Invoice Number to DFAS | Enter the Invoice Number that is submitted to the DFAS. Required as they are submitted to DFAS for payment. | General/Text | 25 |
| AD | Date Invoiced to DFAS | Enter the date the invoice was submitted to DFAS for payment. Required as they are submitted to DFAS for payment. | Short Date | MM/DD/YYYY |
| AE | Category Invoice Amount | Enter the amount of the Invoice for the CLIN/SLIN. Required for each category code on invoice or voucher. | Accounting/Currency | 25.2 |
| AF | DFAS Voucher Number | Enter the voucher number for which DFAS payment to vendor was made. Required as payments are received from DFAS. | General/Text | 25 |
| AG | DFAS Voucher Date | Enter the date of the voucher DFAS used for payment to vendor. Required. | Short Date | MM/DD/YYYY |
| AH | DFAS Payment Amount | Enter DFAS payment amount made to the vendor. Required as payments are received from DFAS. Not Required for GPC purchases. | Accounting/Currency | 25.2 |
| AI | Comments | Notes on this order or item. Optional. | General/Text | 255 |

| | | | | | | | |
|--|---|--|--|--|--|-----------|-------|
| CONTRACT DATA REQUIREMENTS LIST (CDRL) (1 Data Item) | | | | | Form Approved OMB No. 0704-0188 | | |
| The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E. | | | | | | | |
| A. CONTRACT LINE ITEM NO. See blk 16 | | B. EXHIBIT A | | C. CATEGORY: TDP _____ TM _____ OTHER _____ | | | |
| D. SYSTEM/ITEM NETCENTS-2 Application Services SB | | E. CONTRACT/PR NO. FA8771-12-D-1005 | | F. CONTRACTOR DSD Laboratories Inc. | | | |
| 1. DATA ITEM NO. A002 | 2. TITLE OF DATA ITEM Fiscal Year Order & Financial Status | | | 3. SUBTITLE | | | |
| 4. AUTHORITY (Data Acquisition Document No.) | | | 5. CONTRACT REFERENCE Section J, Atch 1, PWS Para 6.0 | | 6. REQUIRING OFFICE NETCENTS - 2 Program Office | | |
| 7. DD 250 REQ N/A | 9. DIST STATEMENT REQUIRED | 10. FREQUENCY Quarterly | 12. DATE OF FIRST SUBMISSION See blk 16 | 14. DISTRIBUTION | | | |
| 8. APP CODE See blk 16 | B | 11. AS OF DATE N/A | 13. DATE OF SUBSEQUENT SUBMISSION See blk 16 | a. ADDRESSEE | | b. COPIES | |
| | | | | | | Draft | Final |
| | | | | | | Reg | Repro |
| 16. REMARKS Block A: Applicable to CLINs 0040, 1040, 2040, 3040, 3400, 4040, and 4400 Block 8: The Government has (10) business days to review for correct content and format. If correction is warranted, the contractor has (5) business days after notice to correct deficiencies and resubmit. Criteria for approval shall be correct content and format. Block 10: The following information shall be provided once per quarter covering the period of the previous quarter. The information shall be delivered to the government by the 10th of the month following the reporting period to the destination indicated in Block 14. If the 10 th falls on a weekend or holiday, the information is due NLT the next business day. Block 12: First quarter following date of award. Block 13: Quarterly thereafter. Block 14: One electronic copy to be sent via e-mail to the NETCENTS-2 Application Services organization mailbox at NC-2.App.Services@Gunter.AF.Mil . | | | | See blk 16 | | | |
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| | | | | 15. TOTAL → | | | |
| G. PREPARED BY Linda R. Lowmiller | | H. DATE 01May2012 | I. APPROVED BY John S. Sykes | | J. DATE 01May2012 | | |

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| 17. PRICE GROUP |
| 18. ESTIMATED TOTAL PRICE |

NETCENTS-2 APPLICATION SERVICES SMALL BUSINESS OBLIGATION SUMMARY FYXX

All Active and Completed Orders Numbers during FYXX with their Total Obligated Value

Totals

- Grand Total Obligated for FYXX
- Grand Total Obligated by CLIN for FYXX
 - CLIN 0010 Firm-Fixed-Price Solutions
 - CLIN 0020 Cost Solutions
 - CLIN 0030 Labor Hours
 - CLIN 0040 Data
 - CLIN 0050 Warranty
 - CLIN 0060 ODC
 - CLIN 0070 Travel
 - CLIN 0080 NETCENTS-2 Post Award Conference
- Grand Total Amount Invoiced for FYXX
- Grand Total Amount DFAS Paid for FYXX
- Grand Total Amount CLIN 0070 and 0080 Included in DFAS Payments for FYXX
- Grand Total Award Amount including unexercised options since NETCENTS-2 contract was awarded

NETCENTS-2 APPLICATION SERVICES SMALL BUSINESS ORDER SUMMARY

FYXX

| | |
|---|--|
| Contract #: | |
| Contractor: | |
| Order Performance Summary Report Date: | |

Task Orders

| | RFP's Received | Total # Proposed | Total # Awards | Total \$ Amount Obligated for New Awards | Total Ceiling \$ Amount for New Awards | Total \$ Obligated for FYXX (Includes New and Modifications) |
|---------------|----------------|------------------|----------------|--|--|--|
| OCT FYXX | | | | | | |
| NOV FYXX | | | | | | |
| DEC FYXX | | | | | | |
| JAN FYXX | | | | | | |
| FEB FYXX | | | | | | |
| MAR FYXX | | | | | | |
| APR FYXX | | | | | | |
| MAY FYXX | | | | | | |
| JUN FYXX | | | | | | |
| JUL FYXX | | | | | | |
| AUG FYXX | | | | | | |
| SEP FYXX | | | | | | |
| Totals | | | | | | |
| | | | | | | |

Cummulative DATES Totals

| | Task Orders | | | |
|---------------------|----------------|---|--|--------------------------|
| | # Total Awards | Total \$ Amount Obligated Inclusive of Mods | Total Ceiling \$ Amount Inclusive of Unexercised Options | Total # Completed Orders |
| Grand Total: | | | | |

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|---------------------------|
| 17. PRICE GROUP |
| 18. ESTIMATED TOTAL PRICE |

NETCENTS-2 APPLICATION SERVICES SMALL BUSINESS DELIVERY/TASK ORDER REPORT

[illegible]

| | | | | | | | | | | |
|---|--|---|---|---|---|---|-----------------------------|--|-------|--------------------|
| CONTRACT DATA REQUIREMENTS LIST (CDRL) (1 Data Item) | | | | | Form Approved OMB No. 0704-0188 | | | | | |
| The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E. | | | | | | | | | | |
| A. CONTRACT LINE ITEM NO. See blk 16 | | B. EXHIBIT A | | C. CATEGORY: TDP _____ TM _____ OTHER _____ | | | | | | |
| D. SYSTEM/ITEM NETCENTS-2 Application Services SB | | | E. CONTRACT/PR NO. FA8771-12-D-1005 | | F. CONTRACTOR DSD Laboratories Inc. | | | | | |
| 1. DATA ITEM NO. A004 | | 2. TITLE OF DATA ITEM Contractor Performance Report | | | 3. SUBTITLE | | | | | |
| 4. AUTHORITY (Data Acquisition Document No.) | | | | 5. CONTRACT REFERENCE Section J, Atch 1, PWS Para 6.0 | | 6. REQUIRING OFFICE NETCENTS - 2 Program Office | | | | |
| 7. DD 250 REQ N/A | | 9. DIST STATEMENT REQUIRED B | | 10. FREQUENCY Quarterly | | 12. DATE OF FIRST SUBMISSION See blk 16 | | | | |
| 8. APP CODE See blk 16 | | | | 11. AS OF DATE N/A | | 13. DATE OF SUBSEQUENT SUBMISSION See blk 16 | | | | |
| 16. REMARKS Block A: Applicable to CLINs 0040, 1040, 2040, 3040, 3400, 4040, 4400 Block 8: The Government has (10) business days to review for correct content and format. If correction is warranted, the contractor has (5) business days after notice to correct deficiencies and resubmit. Criteria for approval shall be correct content and format. Block 10: The following information shall be provided once per quarter covering the period of the previous quarter. The information shall be delivered to the government by the 10th of the month following the reporting period to the destination indicated in Block 14. If the 10 th falls on a weekend or holiday, the information is due NLT the next business day. Block 12: First quarter following date of award. Block 13: quarterly thereafter. Block 14: To be sent via e-mail to the NETCENTS-2 Application Services organization mailbox at NC-2.App.Services@Gunter.AF.Mil . | | | | | 14. DISTRIBUTION | | | | | |
| | | | | | a. ADDRESSEE | | b. COPIES | | | |
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| G. PREPARED BY Linda R. Lowmiller | | | H. DATE 01May2012 | | I. APPROVED BY John S. Sykes | | J. DATE 01May2012 | | | |

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|----------------------------------|
| 17. PRICE GROUP |
| 18. ESTIMATED TOTAL PRICE |

| NETCENTS-2 APPLICATION SERVICES SMALL BUSINESS CONTRACTOR PERFORMANCE REPORT (CPR) | | | | | | | | |
|--|------------------|--|---|-----------------------------|--|---|-----------------------------|--------------------------|
| 1. CONTRACTOR | 2. CONTRACT | 3. PROGRAM | 4. REPORT PERIOD | | | | | |
| a. Name | a. Name | a. Name | a. From (YYMMDD) | | | | | |
| b. Location (Address and ZIP Code) | b. Number | b. Phase | b. To (YYMMDD) | | | | | |
| 5. PERFORMANCE DATA | | | Current Period | | | Cumulative to Date | | Overall Objective Status |
| Objective: | Target/Tolerance | # of Incidents Where Objective Not Met (Example) | Total # of Incidents in Objective (Example) | Actual Percentage (Example) | # of Incidents Where Objective Not Met (Example) | Total # of Incidents in Objective (Example) | Actual Percentage (Example) | |
| Ensure compliance w/ Application Services deliverables requirements (Deliver the Application Services w/ predetermined outcomes (rated) and on time) | ≤2% | 70 | 2375 | 3% | 35 | 2375 | 1% | Green |
| Ensure compliance w/ Application Services Customer Support requirements (Customer Support: Availability for Application Services provided under contract) | ≤2% | 131 | 2375 | 6% | 131 | 2375 | 6% | Red |
| Ensure completed task orders are invoiced and submitted to the Government in a timely manner (Invoices are received by the Government from the contractor within 30 calendar days of completion of task order) | ≤1% | 20 | 2375 | 1% | 130 | 2375 | 5% | Green |
| Ensure delivery of all CDRLs by the contractor within the timeframe identified (Completed on time or ahead of schedule) | ≤2% | 10 | 567 | 2% | 14 | 567 | 2% | Green |
| Ensure Application Services provided by the contractor are fulfilled within the timeframe identified by the task order (Task orders are completed on time or ahead of schedule) | ≤2% | 36 | 2375 | 2% | 130 | 2375 | 5% | Green |
| 6. AUTHORIZED CONTRACTOR REPRESENTATIVE | | | | | | | | |
| a. Name (Last, First, Middle Initial) | b. Title | | | c. Signature | | | d. Date Signed | |
| 7. REMARKS: | | | | | | | | |

Instructions for Contractor Performance Report (CPR):

Block 1a.

Enter full name of Prime Contractor delivering CPR.

Block 1b.

Enter full address of Prime Contractor delivering CPR.

Block 2a.

Enter the name of the Contract from the Solicitation/Contract.

Block 2b.

Enter the Contract Number from the Solicitation/Contract.

Block 3a.

Enter the Program Name if applicable.

Block 3b.

Enter the Program Phase if applicable.

Block 4a-4b.

Enter the inclusive dates for the reporting period.

Block 5.

Enter the number of incidents not met and total number of incidents for Current Period and Cumulative to Date. Actuals and Variances will be automatically calculated. Objectives met will be displayed in Green and those not met will be displayed in Red. Also enter Green or Red for the Overall Objective Status.

Block 6a-6d.

Enter the full name and title of the company's Authorized Representative.
Sign and date.

Block 7.

Provide any clarifying remarks in this section.

| | | | | | | | |
|---|--|---|---|---|---|---|-----------------------------|
| CONTRACT DATA REQUIREMENTS LIST (CDRL) (1 Data Item) | | | | | Form Approved OMB No. 0704-0188 | | |
| <p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p> | | | | | | | |
| A. CONTRACT LINE ITEM NO. See blk 16 | | B. EXHIBIT A | | C. CATEGORY: TDP _____ TM _____ OTHER _____ | | | |
| D. SYSTEM/ITEM NETCENTS-2 Application Services SB | | | E. CONTRACT/PR NO. FA8771-12-D-1005 | | F. CONTRACTOR DSD Laboratories Inc. | | |
| 1. DATA ITEM NO. A005 | | 2. TITLE OF DATA ITEM Contractor Manpower Reporting | | | 3. SUBTITLE | | |
| 4. AUTHORITY (Data Acquisition Document No.) | | | | 5. CONTRACT REFERENCE Section J, Atch 1, PWS Para 6.0 | | 6. REQUIRING OFFICE NETCENTS - 2 Program Office | |
| 7. DD 250 REQ N/A | | 9. DIST STATEMENT REQUIRED | | 10. FREQUENCY Annually | | 12. DATE OF FIRST SUBMISSION See blk 16 | |
| 8. APP CODE See blk 16 | | B | | 11. AS OF DATE N/A | | 13. DATE OF SUBSEQUENT SUBMISSION See blk 16 | |
| 16. REMARKS | | | | 14. DISTRIBUTION | | | |
| | | | | a. ADDRESSEE | | b. COPIES | |
| | | Draft | Final | | | | |
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| <p>Block A: Applicable to CLINs 0040, 1040, 2040, 3040, 3400, 4040, 4400</p> <p>Block 8: The Government has (10) business days to review for correct content and format. If correction is warranted, the contractor has (5) business days after notice to correct deficiencies and resubmit. Criteria for approval shall be correct content and format.</p> <p>Block 11, 12, & 13: Contractor shall provide the following information annually and via a secure data collection site, no later than 31 October of each calendar year reporting labor executed during the period of performance for each Government Fiscal Year (FY) which runs 1 October through 30 September. (See PWS, Paragraph 5.3)</p> <p>Block 14. To be sent via e-mail to the NETCENTS-2 Application Services organization mailbox at NC-2.App.Services@Gunter.AF.Mil and reported by completely filling in all required fields at http://www.ecmra.mil</p> <p>Contractor will provide a manpower report including but not limited to:</p> <p>Contract Number/Task Order Number</p> <p>Functions and missions performed under the task order</p> <p>The contracting organization administering the task order</p> <p>Functional organization supported</p> <p>Funding Source</p> <p>Performance dates of the task order</p> <p>The number of full-time contractor employees</p> | | | | | | | |
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| G. PREPARED BY Linda R. Lowmiller | | | H. DATE 01May2012 | | I. APPROVED BY John S. Sykes | | J. DATE 01May2012 |

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| 17. PRICE GROUP |
| 18. ESTIMATED TOTAL PRICE |

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|--|--------------------------|---|---|---|--|---|-------------------------------|-------|
| CONTRACT DATA REQUIREMENTS LIST (CDRL) (1 Data Item) | | | | | | Form Approved OMB No. 0704-0188 | | |
| <p>The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.</p> | | | | | | | | |
| A. CONTRACT LINE ITEM NO. See Block 16 | | B. EXHIBIT A | | C. CATEGORY: TDP _____ TM _____ OTHER _____ | | | | |
| D. SYSTEM/ITEM NETCENTS-2 Application Services SB | | | E. CONTRACT/PR NO. FA8771-12-D-1005 | | F. CONTRACTOR DSD Laboratories Inc. | | | |
| 1. DATA ITEM NO. A006 | | 2. TITLE OF DATA ITEM Reporting Compliance with Limitations on Subcontracting | | | | 3. SUBTITLE | | |
| 4. AUTHORITY (Data Acquisition Document No.) | | | | 5. CONTRACT REFERENCE Section J, Atch 1, PWS Para 6.0 | | 6. REQUIRING OFFICE NETCENTS-2 Program Office | | |
| 7. DD 250 REQ N/A | 9. DIST STATEMENT | | 10. FREQUENCY See Block 16 | | 12. DATE OF FIRST SUBMISSION See Block 16 | | | |
| 8. APP CODE See Block 16 | B | | 11. AS OF DATE N/A | | 13. DATE OF SUBSEQUENT SUBMISSION See Block 16 | | | |
| 16. REMARKS Per FAR 52.219-14, Offeror/Contractor agrees that in performance of the contract in the case of a contract for Services (except construction) at least 50 percent of the cost of contract performance incurred for personnel shall be expended for employees of the concern. Contractor shall use the following formula to submit the required information: <div style="text-align: center;"> Cost of Labor Performed by Prime <hr style="width: 20%; margin: 10px auto;"/> = Required % of Prime Total Labor Costs Paid Under Contract </div> A. Applicable to CLINs 0040, 1040, 2040, 3040, 3400, 4040, 4400 Block 8: The Government has 10 business days to review for correct content and format. If correction is warranted, the Contractor has five (5) business days after notice to correct deficiencies and resubmit. Criteria for approval shall be correct content and format. Block 10: Information shall be provided semiannually covering the period of the previous 6 months. The information shall be delivered to the Government by the 10 th of the month following the reporting period to the destination indicated in Block 14. If the 10 th falls on a weekend or holiday, the information is due NLT the next business day. Block 12: First submission shall be due on 31 July 2013 for the period of 01 October 2012 through 30 June 2013. Block 13: Semiannually thereafter Block 14: One electronic copy to be sent via e-mail to the NETCENTS-2 Application Services organization mailbox at NC-2.App.Services@Gunter.AF.Mil . | | | | | 14. DISTRIBUTION | | | |
| | | | | | a. ADDRESSEE | | b. COPIES | |
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| | | | | | 15. TOTAL → | | | |
| G. PREPARED BY Kelly E. Easterling | | | H. DATE 3 July 2013 | | I. APPROVED BY Linda R. Lowmiller | | J. DATE 3 July 2013 | |

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| 17. PRICE GROUP N/A |
| 18. ESTIMATED TOTAL PRICE |