CONTRACT DATA REQUIREMENTS LIST

(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 and Communications 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.	B. EXHIBIT	C. CATEGORY: TDP _____ TM _____ OTHER _____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	HT9402-10-C-0002	

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
N/A	M090 Clinical Support Agreement Report		NSP

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE	18. ESTIMATED TOTAL PRICE
N/A	TOM Chapter 15 Section 3	TMA/TRO/Prog Ops	0.00

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
NO	B	MTHLY	See Block 16
8. APP CODE		**11. AS OF DATE**	**13. DATE OF SUBSEQUENT SUBMISSION**
N/A		O	See Block 16

16. REMARKS

Block 12 - No later than the last working day of the second month following the start of health care delivery.
Block 13 - No later than the last working day of the month following the month being reported.

The contractor shall submit a monthly report detailing all CSA activities which occurred during the previous month. A copy shall also be provided to the appropriate MTF Commander. The contractor shall provide a separate report for each MTF and a summary.
This report shall be multi-part and shall include the following divisions:

CSA Requirements received during the previous month and the status of each;

CSA executed contract actions received from the PCO during the previous month and the status of each;
A status for each CSA Requirement received during a prior reporting period until one month following the receipt of a CSA executed contract action; and
A status for each CSA executed contract action received during a prior reporting period.

For all active CSA executed contract actions issued by the PCO, the contractor shall also provide the following:

The number of CSA personnel by executed contract action and by specialty or personnel type working in each MTF;
The number of hours worked by CSA personnel, by executed contract action, and by specialty or personnel type for each MTF;
The types and numbers of services provided for each executed contract action, i.e., the number of visits, treatments, procedures, tests;
The total salaries, compensation, and expenses paid by the contractor in support of the services provided for each executed contract action.
Total reimbursement expected from the government for services rendered through each executed contract action during the reporting period.

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
Submit through the Performance Assessment Tool (PAT)			
MTF Commanders			
15. TOTAL →	0	0	0

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE
Carol L. McCourt		Laura L. Sells	

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