

PROGRESS CURVE REPORT

OMB No. 0704-CSDR  
Expires: X/XX/XXXX

The public reporting burden for this collection of information is estimated to average 16 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, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. 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 COMPLETED FORM TO THE ABOVE ORGANIZATION.**

<b>1. MAJOR PROGRAM</b> a. NAME:		<b>2. PRIME MISSION PRODUCT</b>		<b>3. REPORTING ORGANIZATION TYPE</b> <input type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR <input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR <input type="checkbox"/> GOVERNMENT		<b>4. NAME/ADDRESS</b> (Include ZIP Code) a. PERFORMING ORGANIZATION b. DIVISION	
b. PHASE/MILESTONE <input type="checkbox"/> Pre-A <input type="checkbox"/> B <input type="checkbox"/> C-LRIP <input type="checkbox"/> C-FRP <input type="checkbox"/> O&S		<b>5. APPROVED PLAN NUMBER</b>		<b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)		<b>7. TYPE ACTION</b> a. CONTRACT NO.: c. SOLICITATION NO.: e. TASK ORDER/DELIVERY ORDER/LOT NO.: b. LATEST MODIFICATION: d. NAME:	
<b>8. PERIOD OF PERFORMANCE</b> a. START DATE (YYYYMMDD): b. END DATE (YYYYMMDD):		<b>9. REPORT CYCLE</b> <input type="checkbox"/> INITIAL <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL		<b>10. SUBMISSION NUMBER</b>		<b>11. RESUBMISSION NUMBER</b>	
<b>12. REPORT AS OF</b> (YYYYMMDD)		<b>13. NAME</b> (Last, First, Middle Initial)		<b>14. DEPARTMENT</b>		<b>15. TELEPHONE NO.</b> (Include Area Code)	
<b>16. E-MAIL ADDRESS</b>		<b>17. DATE PREPARED</b> (YYYYMMDD)		<b>18. WBS ELEMENT CODE</b>		<b>19. WBS REPORTING ELEMENT</b>	
<b>20. UNITS/LOTS COMPLETED</b> <input type="checkbox"/> UNIT TOTAL <input type="checkbox"/> LOT TOTAL		<b>21. APPROPRIATION</b> <input type="checkbox"/> RDT&E <input type="checkbox"/> PROCUREMENT <input type="checkbox"/> O&M		<b>A. COMPLETED UNITS/LOTS</b> (thousands of U.S. Dollars or thousands of hours)		<b>B. WORK IN PROCESS (WIP)</b> (thousands of U.S. Dollars or thousands of hours)	
<b>C. TOTAL DIRECT COSTS AND HOURS INCURRED TO DATE</b> (thousands of U.S. Dollars or thousands of hours)		<b>DATA ELEMENTS</b>		<b>A1</b>		<b>A2</b>	
				<b>A3</b>		<b>A4</b>	
		(1) MODEL AND SERIES					
		(2) FIRST UNIT					
		(3) LAST UNIT					
		(4) CONCURRENT UNITS/LOTS					
		<b>CHARACTERISTICS</b>					
		(5a) Weight					
		(5b) Speed					
		(5c) Power					
		<b>ENGINEERING (RECURRING ONLY)</b>					
		(6) DIRECT ENGINEERING LABOR HOURS					
		(7) DIRECT ENGINEERING LABOR DOLLARS					
		<b>MANUFACTURING OPERATIONS (RECURRING ONLY)</b>					
		(8) DIRECT TOOLING LABOR HOURS					
		(9) DIRECT TOOLING LABOR DOLLARS					
		(10) DIRECT TOOLING & EQUIPMENT DOLLARS					
		(11) DIRECT QUALITY CONTROL LABOR HOURS					
		(12) DIRECT QUALITY CONTROL LABOR DOLLARS					
		(13) DIRECT MANUFACTURING LABOR HOURS					
		(14) DIRECT MANUFACTURING LABOR DOLLARS					
		(15) TOTAL DIRECT MANUFACTURING OPERATIONS DOLLARS (Sum of rows 9,10,12, and 14)					
		<b>MATERIALS (RECURRING ONLY)</b>					
		(16) RAW MATERIALS DOLLARS					
		(17) PURCHASED PARTS DOLLARS					
		(18) PURCHASED EQUIPMENT DOLLARS					
		(19) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS					
		(20) TOTAL DIRECT MATERIAL DOLLARS					
		<b>OTHER COSTS (RECURRING ONLY)</b>					
		(21) OTHER DIRECT COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)					
		<b>SUMMARY (RECURRING ONLY)</b>					
		(22) TOTAL DIRECT COST					
		<b>22. REMARKS</b>					