

COST AND SOFTWARE DATA REPORTING PLAN

OMB No. 0704-0188
OMB approval expires 20221130

The public reporting burden for this collection of information is estimated to average 8 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 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 COMPLETED FORM TO THE ABOVE ORGANIZATION.

| | | | | | | | | | |
|---|--|---|--|--|---|---|--|--|--|
| 1. MAJOR PROGRAM a. NAME: | | c. PRIME MISSION PRODUCT | | 2. WBS SYSTEM TYPE | 3. SUBMISSION TYPE | 4. CURRENT SUBMISSION DATE (YYYYMMDD) | 5. LAST APPROVED PLAN DATE (YYYYMMDD) | | |
| b. PHASE/MILESTONE | | | | | <input type="checkbox"/> INITIAL <input type="checkbox"/> CHANGE | | | | |
| <input type="checkbox"/> Pre-A <input type="checkbox"/> A | | <input type="checkbox"/> B <input type="checkbox"/> C-LRIP | | <input type="checkbox"/> C-FRP <input type="checkbox"/> O&S | | | | | |
| 6a. POINT OF CONTACT (POC) NAME AND ADDRESS (Include ZIP Code) | | | | 6b. TELEPHONE NUMBER (Include Area Code) | | 6c. FAX NUMBER (Include Area Code) | | 6d. E-MAIL ADDRESS | |
| 7. PLAN TYPE | | 8. PREPARING ORGANIZATION | | 9a. CONTRACTOR NAME/ADDRESS | | 9b. CONTRACT NUMBER | | 9c. APPROPRIATION | |
| <input type="checkbox"/> PROGRAM <input checked="" type="checkbox"/> CONTRACT (PRIME) <input type="checkbox"/> CONTRACT (SUB) | | | | i. PERFORMING ORGANIZATION ii. DIVISION TBD | | | | <input type="checkbox"/> RDT&E <input type="checkbox"/> PROCUREMENT <input type="checkbox"/> O&M | |
| 10. APPROVED PLAN NUMBER | | | | | | | | | |
| 11. WBS ELEMENT CODE | | 12. WBS REPORTING ELEMENTS | | 13. REPORTS REQUIRED (X if applicable) | | DD 1921-3 (CBDR): <input checked="" type="checkbox"/> | | DD 1921-1 / 1921-5 EAC: <input type="checkbox"/> | |
| | | | | | | EVM Reporting: <input type="checkbox"/> | | | |
| a. PROGRAM/ CONTRACT/ SUBCONTRACT | | b. CONTRACT/ SUBCONTRACT | | a. CWBS DICTIONARY | | CCDR | | g. SRDR FORMATS | |
| | | | | | | b. DD 1921 (CDSR) | | h. IPMR FORMAT 1 | |
| | | | | | | c. DD 1921-1 (FCHR) | | | |
| | | | | | | d. DD 1921-2 (PCR) | | | |
| | | | | | | e. DD 1921-5 (SFCHR) | | | |
| | | | | | | f. EAC | | | |
| | | Subtotal Cost | | | | X | | | |
| | | Reporting Contractor G&A | | | | X | | | |
| | | Reporting Contractor Undistributed Budget | | | | X | | | |
| | | Reporting Contractor Management Reserve | | | | X | | | |
| | | Reporting Contractor FCCM | | | | X | | | |
| | | Total Cost | | | | X | | | |
| | | Reporting Contractor Profit/Loss or Fee | | | | X | | | |
| | | Total Price | | | | X | | | |

| 14. CSDR SUBMISSION DATES | | | | | |
|---------------------------|---------------|-------------|-------------------|-----------------------------|---------------------------|
| a. SUBMISSION | b. FORM(S) | c. EVENT | d. REPORT TYPE | e. AS OF DATE (YYYYMMDD) | f. DUE DATE (YYYYMMDD) |
| | | | | | |

15. REMARKS

NON-RECURRING/RECURRING DEFINITIONS

COST ACCOUNTING STANDARDS (CAS) DISCLOSURE STATEMENT DIFFERENCES

1921-3 CONTRACTOR BUSINESS DATA REPORT

**** (if required) 1921-2 PROGRESS CURVE REPORT**