

CONTRACT WORK ASSIGNMENT (W.A.)

Contractor: _____

Contract No: _____

W.A. No: _____ Modification No: _____

W.A. Title: _____

W.A. Originator: _____ Date Prepared: _____

Contracted Work Area: _____

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Part I. INITIATOR'S REQUEST

A. Period of Performance: From _____ to _____

B. Work Assignment Description:

C. Work Assignment Leader: _____

D. Deliverables:

E. W.A. Response Due Date: _____

CONTRACT WORK ASSIGNMENT (W.A.)

Contractor: _____ Contract No: _____

W.A. No: _____ Modification No: _____ Date Prepared: _____

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Part II. CONTRACTOR'S RESPONSE TO W.A. REQUEST

(*The Contractor shall attach a detailed budget to this form to identify all proposed costs.)

A. Estimated Cost and Effort:

1. Labor hours - list W.A. leader, specific individuals to be assigned, labor category, and estimated hours for each.
2. Labor costs - list by labor category and total.
3. Employee benefits.
4. Direct materials
5. Travel
6. Subcontracts
7. Other direct costs
8. Indirect costs
9. Total estimated costs for this Assignment: _____*

B. Detailed description of the approach to be used and of the deliverable(s). (Be specific.):

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APPROVAL TO PROCEED: The Contractor shall not exceed the estimated labor hours, estimated W.A. amount, or change the W.A. leader without the prior written approval of the Project Officer and the Contracting Officer.
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1. For the Contractor: _____ Date: _____
(Signature)

Typed name: _____

2. For the Government: _____ Date: _____
Contracting Officer Technical Representative
(COTR)

_____ Date: _____
(Contracting Officer)

CONTRACT WORK ASSIGNMENT (W.A.)

Contractor: _____ Contract No: _____

W.A. No: _____ Modification No: _____ Date Prepared: _____

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Part III. CONTRACTOR'S REPORT OF W.A. PERFORMANCE

(*The Contractor shall attach a detailed itemization of costs to this form to identify all expenditures under this W.A.)

A. Actual Cost and Effort:

1. Labor hours - list specific assigned individuals, labor category, and actual hours worked.
2. Labor costs - list labor category, individual, and total amount.
3. Employee benefits
4. Direct Materials
5. Travel
6. Subcontracts
7. Other direct costs
8. Indirect costs
9. Total costs for this W.A: _____

B. Report of Progress and/or Deliverables:

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REVIEW AND APPROVAL OF SATISFACTORY PERFORMANCE

The signatures below indicate that the services/products required under Work Assignment No. ___ have been delivered, received and satisfactorily meet the requirements of this Work Assignment.

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1. For the Contractor: _____ Date: _____
(Signature)

Typed name: _____

2. For the Government: _____ Date: _____
Contracting Officer Technical Representative
(COTR)

(Contracting Officer) Date: _____