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| **DCMA FOREIGN CONTRACTOR PRICING/ASSIST AUDIT REQUEST** | | | | | | | |
| **Foreign Nation with Reciprocal Audit Agreements Request (Host Nation Partner):**  Germany (Federal Office of Bundeswehr Equipment, Information Technology and In-Service Support (BAAINBw))  France (French Ministry of Defense - Direction générale de l’armement (DGA))  The Netherlands (The Netherlands Ministry of Finance – Central Government Audit Service)  The United Kingdom (The United Kingdom Ministry of Defence – Cost Assurance and Analysis Service (UK MoD CAAS))  **DCMA Foreign Contractor Request:**  All other Foreign Contractor requests  **Cooperative Agreements Request:**  Is there a program specific cooperative agreement allowing a foreign government to audit this proposal. (Example: ESSM)  If yes, please provide foreign government POC and contact information:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| PROVIDE THE FOLLOWING DoD CUSTOMER/REQUESTOR BACKGROUND INFORMATION: | | | | | | | |
| Name of Requesting Activity (DoD Customer) | | |  | | | | |
| Point of Contact at Requesting Activity  (Include Title, Phone Number and Email Address) | | |  | | | | |
| Requestor’s Internal Reference Number | | |  | | | | |
| Program/Procurement Item/Service Description | | |  | | | | |
| **REVIEW REQUESTED FOR:**  **Prime Contractor**  **Subcontractor**    (Subcontractor reviews must include Prime information below) | Name of Contractor or Subcontractor: | | | Contractor POC: | | | Phone No.: |
| Location of Contractor: | | |  | | |  |
| CAGE Code: | | | E-mail Address: | | |  |
|  | | |  | | |  |
| Contract/Task Order/Mod No.:  Proposal No.: | | | Proposal Date:  Proposal Validity Date:  (Proposal must remain valid throughout pricing/assist audit timeline.) | Proposed/Expected Value Amount $ or Applicable Currency (Amount must match supporting documentation): | | | Requested Due Date:  (***Minimum*** 90 days required for reciprocal audit agreement requests, commencing once a complete request package is received. Audit timeframes can take longer depending on the complexity of your request and audit resources.) |
| *If Review is for Subcontractor, Please Provide Prime Contractor Information:* | | **Name:** | | | | **POC:** | |
| **CAGE Code:** | | | | **Dollar Value: $ or Applicable Currency** | |
| **Contract No.:** | | | | **Contract Type:** | |
| **TYPE OF REPORT REQUESTED:**  Sanitized Report  Un-sanitized Report  **TYPE OF ASSISTANCE REQUESTED:**  Full Proposal Review of All Cost Elements including Technical Evaluation    If other than full proposal review, please select from the following elements for review:  Rates & Factors Review  Material Costs  Other Direct Costs  Corporate Allocation/IHO Allocation Review  Technical Assistance (Material/Labor Hours)  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **<*FOR DCMA EUROPE USE ONLY*> TYPE OF ASSISTANCE REQUESTED:**  CAS Disclosure Statement Review  Incurred Cost Audit Contract #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interim Vouchers  Final Overhead Rates FY/CY:\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Forward Pricing Proposal Audit Provisional Billing Rates  Business System Review - Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **SUBMISSION PACKAGE CHECKLIST – *Must be completed prior to request submission*** | | | | | | | |
| **PRIME CONTRACTORS:**  An electronic copy of the proposal to be reviewed (determined to be adequate) | | | | | **SUBCONTRACTORS:**  A copy of the written notification from the subcontractor denying the higher-tier contractor access to some or all of its records needed to analyze the subcontractor’s proposal  A copy of the subcontract proposal, and other relevant documents    A copy of the contracting officer determination that the requested review will serve a valid US Government interest, which documents the **impact** on providing subcontract pricing support on a government prime contract and the **actions taken** by the higher-tier contractor to analyze the subcontract proposal  A copy of the written assertion from the contractor stating that an adequate un-sanitized proposal will be submitted to the United States Government (USG) | | |
| **EXPORT CONTROLS:**  Proposal and/or supporting documentation contains Export Controlled Information:  None  ITAR  EAR    If proposal and/or supporting documentation contains ITAR/EAR, answer the following:  Host Nation Partner will need to access Export Controlled Information in carrying out the scope of review requested: Yes No  If **Yes**, Host Nation Partner is authorized to access Export Controlled Information (or has been granted an exemption): Yes No  If **Yes**, a copy of the written authorization/exemption from the prime contractor’s export controls empowered official is provided:  (The prime contractor Is the responsible party for this determination. Please see the DCMA Foreign Contractor Pricing Assist Audit Request Informational Sheet for  additional detail on Export Controls)  **FOREIGN MILITARY SALES (FMS) CONTRACT:** Yes No Partial  If partial, please specify percentage (%): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FMS Customer(s) (End-User): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **ADDITIONAL REQUESTED INFORMATION / NOTES:** | | | | | | | |

**USG REQUESTOR NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**