

REQUEST FOR DCAA ASSISTANCE

TO:	Defense Contract Audit Agency Office	POINT OF CONTACT: E-MAIL ADDRESS:	PHONE NO.: FAX. NO.:
FROM:		REQUESTER NAME AND TITLE: E-MAIL ADDRESS:	PHONE NO.: FAX. NO.:
CONTRACTOR:		POINT OF CONTACT: E-MAIL ADDRESS:	PHONE NO.: FAX. NO.:

Subcontractor? Yes No	If "yes", provide Prime Contractor information: Name:	Address:
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CONTRACT/RFP REF. NO.:	TASK ORDER/MOD NO.	PROPOSED AMOUNT: \$	REQUEST DATE:
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AWARD TYPE: CPFF FFP Non-FAR Transaction Other:	REQUESTED DUE DATE:
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TYPE OF ASSISTANCE REQUESTED:
 Coordination with our DCAA FLA disclosed that no current audited rate information is available for this contractor. Please perform a review to determine the reasonableness of the following rates included in the above-referenced proposal:
 Direct Labor Rates Indirect Rates COM Factors Other:

ADDITIONAL COMMENTS:
 An electronic copy of the proposal has been provided with this request.
 A hard copy of the proposal has been faxed to your office.
 The contractor has been instructed to provide your office with a copy of the proposal.
 The contractor has been instructed to provide supporting indirect rate computations directly to your office.
NOTE: DCAA cannot commence audit services until an adequate proposal and relevant supporting data are in hand. Refer to FAR Table 15-2, Section II, "Cost Elements", for what will be required from the contractor to support its proposed costs/rates.)

ADDITIONAL REQUESTED INFORMATION:
 Please provide comments as to the adequacy of the contractor's accounting system. If a Pre-Award Accounting System Review per CAM 5-200 has not already been performed at this location, please perform one in conjunction with this request. Comments on financial capability, if available, are also requested.
 If available, please provide comments as to the adequacy of the contractor's estimating system, billing system, and any other relevant contractor management system.
 If applicable, please provide comments as to the adequacy of the contractor's Disclosure Statement.

NOTES: