

COST DATA SUMMARY REPORT

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, Washington Headquarters Services, 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 this OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.

1. MAJOR PROGRAM: Department of Defense Healthcare Management System Modernization
2. PRIME MISSION PRODUCT: DHMSM Segments 1 and 2
3. REPORTING ORGANIZATION TYPE: PRIME / ASSOCIATE CONTRACTOR
4. NAME/ADDRESS: Loides, Inc. 1951 Freedom Dr. Reston, VA 20190
5. APPROVED PLAN NUMBER: (b)(4)
6. CUSTOMER: (Direct-reporting subcontractor use only)
7. CONTRACT TYPE: CR, CPFF, CPIF, FFP, FPI
8. CONTRACT PRICE: (b)(4)
9. CONTRACT CEILING:
10. TYPE ACTION: a. CONTRACT NO.: b. LATEST MODIFICATION:
11. PERIOD OF PERFORMANCE: a. START DATE: 7/1/2015 b. END DATE: 6/30/2025
12. APPROPRIATION: a. ROUTE: b. PROCUREMENT:
13. REPORT CYCLE: a. INITIAL: b. INTERIM: c. FINAL:
14. SUBMISSION NUMBER: 1
15. RESUBMISSION NUMBER:
16. REPORT AS OF: 20150717
17. NAME: (Last, First, Middle Initial)
18. DEPARTMENT:
19. TELEPHONE NUMBER:
20. EMAIL ADDRESS:
21. DATE PREPARED: 20150616

Table with columns: WBS ELEMENT CODE, WBS REPORTING ELEMENTS, NUMBER OF UNITS TO DATE, COSTS INCURRED TO DATE (NONRECURRING, RECURRING, TOTAL), NUMBER OF UNITS AT COMPLETION, COSTS INCURRED AT COMPLETION (NONRECURRING, RECURRING, TOTAL). Includes rows for various hardware, software, and support elements, ending with Subtotal Cost and Total Price.

22. REMARKS: Units are defined as MTF sites or an associated GAL or Data Center installation

**COST DATA SUMMARY REPORT**

Form Approved  
OMB No. 0704-0188

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**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.**

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| <b>1. MAJOR PROGRAM</b><br>a. NAME: Department of Defense Healthcare Management System Modernization   |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR <input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR <input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include ZIP Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190          |  | <b>5. APPROVED PLAN NUMBER</b><br>(b)(4)                       |  |
| <b>b. PHASE/MILESTONE</b><br><input type="checkbox"/> Pre-A <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C-LRIP <input type="checkbox"/> C-FRP <input type="checkbox"/> O&S |  | <b>2. PRIME MISSION PRODUCT</b><br>DHMSM Segments 1 and 2   |  | <b>6. CUSTOMER</b> (Direct-reporting subcontractor use only)   |  | <b>7. CONTRACT TYPE</b><br>CR, CPFF, CPIF, FFP, FPI            |  |
| <b>8. CONTRACT PRICE</b><br>(b)(4)   |  | <b>9. CONTRACT CEILING</b>  |  | <b>10. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:  |  | <b>c. SOLICITATION NO.:</b> N00039-14-R0018<br><b>d. NAME:</b> |  |
| <b>11. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD): 7/1/2015<br>b. END DATE (YYYYMMDD): 6/30/2025  |  | <b>12. APPROPRIATION</b><br><input type="checkbox"/> RDT&E <input type="checkbox"/> PROCUREMENT <input checked="" type="checkbox"/> O&M   |  | <b>13. REPORT CYCLE</b><br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL |  | <b>14. SUBMISSION NUMBER</b><br>1                              |  |
| <b>15. RESUBMISSION NUMBER</b>   |  | <b>16. REPORT AS OF (YYYYMMDD)</b><br>20150717  |  | <b>17. NAME</b> (Last, First, Middle Initial)  |  | <b>18. DEPARTMENT</b><br>(b)(4)                                |  |
| <b>19. TELEPHONE NUMBER</b> (Include Area Code)  |  | <b>20. EMAIL ADDRESS</b>  |  | <b>21. DATE PREPARED (YYYYMMDD)</b><br>20150716  |  |  |  |

| WBS ELEMENT CODE | WBS REPORTING ELEMENTS                             | NUMBER OF UNITS TO DATE | COSTS INCURRED TO DATE (thousands of U.S. Dollars) |           |       | NUMBER OF UNITS AT COMPLETION | COSTS INCURRED AT COMPLETION (thousands of U.S. Dollars) |           |       |
|------------------|--|-------------------------|--|-----------|-------|-------------------------------|--|-----------|-------|
|                  |  |                         | NONRECURRING                                       | RECURRING | TOTAL |                               | NONRECURRING   | RECURRING | TOTAL |
| A                | B  | C                       | D  | E         | F     | G                             | H  | I         | J     |
| 1.0              | DHMSM Operations and Support (O&S) - Segment 1 & 2 |                         | \$0.0  | \$0.0     | \$0.0 |                               | (b)(4)   |           |       |
| 1.1              | Facility Operations                                |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.2              | System Hosting                                     |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.3              | Software Maintenance                               |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.3.1            | Configuration/Customization Maintenance            |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.3.2            | COTS Software License Maintenance and Renewal      |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.4              | Hardware Maintenance                               |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.5              | Change Architecture / Design                       |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.6              | Purchased Software and Hardware refresh            |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.6.1            | Purchased Software                                 |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.6.2            | Hardware Refresh                                   |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.6.3            | Spares   |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.7              | Purchased Communications                           |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8              | IT Operations & Monitoring                         |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.1            | System Administration                              |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.2            | Database Administration                            |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.3            | System Operations/Monitoring                       |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.4            | Help Desk Support (Tier 3)                         |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.5            | Data Maintenance                                   |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.6            | Recurring Training                                 |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.7            | Data Migration Update                              |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.8            | Sustaining Engineering                             |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.9            | Program Management                                 |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.10           | Recurring Testing                                  |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
| 1.8.11           | Other  |                         | \$0.0  | \$0.0     | \$0.0 |                               |  |           |       |
|                  | Subtotal Cost                                      |                         |  |           |       |                               |  |           |       |
|                  | Reporting Contractor G&A                           |                         |  |           |       |                               |  |           |       |
|                  | Reporting Contractor Undistributed Budget          |                         |  |           |       |                               |  |           |       |
|                  | Reporting Contractor Management Reserve            |                         |  |           |       |                               |  |           |       |
|                  | Reporting Contractor FCCM                          |                         |  |           |       |                               |  |           |       |
|                  | Total Cost   |                         |  |           |       |                               |  |           |       |
|                  | Reporting Contractor Profit/Loss or Fee            |                         |  |           |       |                               |  |           |       |
|                  | Total Price  |                         |  |           |       |                               |  |           |       |

**22. REMARKS**

**FUNCTIONAL COST-HOUR REPORT**

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  O&S

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190

**5. APPROVED PLAN NUMBER**  
 b. DIVISION: (b)(4)

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.: N00039-14-R0018  
 b. LATEST MODIFICATION:  
 c. SOLICITATION NO.: N00039-14-R0018  
 d. NAME:  
 e. TASK ORDER/DELIVERY ORDER/LOT NO.: LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD): 7/1/2015  
 b. END DATE (YYYYMMDD): 6/30/2025

**9. REPORT CYCLE**  
 INITIAL  INTERIM  FINAL

**10. SUBMISSION NUMBER**: 1

**11. RESUBMISSION NUMBER**

**12. REPORT AS OF (YYYYMMDD)**: 20150717

**13. NAME (Last, First, Middle Initial)**: (b)(4)

**14. DEPARTMENT**: (b)(4)

**15. TELEPHONE NO. (Include Area Code)**: (b)(4)

**16. EMAIL ADDRESS**: (b)(4)

**17. DATE PREPARED (YYYYMMDD)**: 20150716

**18. WBS ELEMENT CODE**: 1.0

**19. WBS REPORTING ELEMENT**: Department of Defense Health Management System Modernization (DHMSM) - Segments 1 & 2

**20. NUMBER OF UNITS**  
 a. TO DATE: 0  
 b. AT COMPLETION: 693

**21. APPROPRIATION**  
 RDT&E  PROCUREMENT  O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |
|--|---|--------------|----------|---|--------------|----------|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |
|  | (b)(4)  |              |          |   |              |          |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |
| (1) DIRECT ENGINEERING LABOR HOURS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MATERIALS</b>   |   |              |          |   |              |          |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>SUMMARY</b>   |   |              |          |   |              |          |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |

**22. REMARKS**  
 Number of units is based on the number of MTF sites, GALs, and Data Centers activated.  
 Other Direct Costs and Travel included in (20)

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  O&S

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS** (Include Zip Code)  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190

**5. APPROVED PLAN NUMBER**  
 b. DIVISION: (b)(4)

**6. CUSTOMER** (Direct-Reporting Subcontractor Use Only)

**7. TYPE ACTION**  
 a. CONTRACT NO.:  
 b. LATEST MODIFICATION:  
 c. SOLICITATION NO.: N00039-14-R0018  
 d. NAME:  
 e. TASK ORDER/DELIVERY ORDER/LOT NO.: LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  
 INTERIM  
 FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
20150717

**12. REPORT AS OF** (YYYYMMDD)

**13. NAME** (Last, First, Middle Initial)  
**14. DEPARTMENT**  
**15. TELEPHONE NO.** (Include Area Code)  
**16. EMAIL ADDRESS**  
**17. DATE PREPARED** (YYYYMMDD)

(b)(4)

20150716

**18. WBS ELEMENT CODE**  
1.1

**19. WBS REPORTING ELEMENT**  
Prime Mission Product (PMP)

**20. NUMBER OF UNITS**  
 a. TO DATE  
 b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

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|  |  |   |  |   |  |  |  |                                       |  |  |
|--|--|---|--|---|--|--|--|---------------------------------------|--|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization  |  | <b>2. PRIME MISSION PRODUCT</b> DHMSM Segments 1 and 2  |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190      |  | b. DIVISION<br>(b)(4)                 |  | <b>5. APPROVED PLAN NUMBER</b>                 |
| b. PHASE/MILESTONE<br><input type="checkbox"/> Pre-A<br><input checked="" type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C-LRIP<br><input type="checkbox"/> C-FRP<br><input type="checkbox"/> O&S |  |   |  |   |  |  |  |                                       |  |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)   |  |   |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:  |  | c. SOLICITATION NO.: N00039-14-R0018   |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.: |  | LOT I, LOT II, LOT III, LOT IV                 |
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD):  |  | 7/1/2015<br>6/30/2025   |  | <b>9. REPORT CYCLE</b><br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL   |  | <b>10. SUBMISSION NUMBER</b><br>1  |  | <b>11. RESUBMISSION NUMBER</b>        |  | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717 |
| <b>13. NAME</b> (Last, First, Middle Initial)  |  | <b>14. DEPARTMENT</b>   |  | <b>15. TELEPHONE NO.</b> (Include Area Code)  |  | <b>16. EMAIL ADDRESS</b>   |  | <b>17. DATE PREPARED</b> (YYYYMMDD)   |  | (b)(4)<br>20150716                             |
| <b>18. WBS ELEMENT CODE</b><br>1.1.2   |  | <b>19. WBS REPORTING ELEMENT</b><br>Enterprise Service Element 1...n (Contractor Specify in Proposal) |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>b. AT COMPLETION  |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |                                       |  |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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.**

|   |  |  |  |   |  |  |  |  |  |
|---|--|--|--|---|--|--|--|--|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization   |  | <b>2. PRIME MISSION PRODUCT</b> DHMSM Segments 1 and 2   |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190      |  | <b>5. APPROVED PLAN NUMBER</b>             |  |
| <b>b. PHASE/MILESTONE</b><br><input type="checkbox"/> Pre-A<br><input checked="" type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C-LRIP<br><input type="checkbox"/> C-FRP<br><input type="checkbox"/> O&S |  |  |  |   |  |  |  | b. DIVISION<br>(b)(4)                      |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)  |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:                                     |  | c. SOLICITATION NO.: N00039-14-R0018  |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.:  |  | LOT I, LOT II, LOT III, LOT IV             |  |
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD):   |  | 7/1/2015<br>6/30/2025  |  | <b>9. REPORT CYCLE</b><br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL   |  | <b>10. SUBMISSION NUMBER</b><br>1  |  | <b>11. RESUBMISSION NUMBER</b><br>20150717 |  |
| <b>13. NAME</b> (Last, First, Middle Initial)   |  | <b>14. DEPARTMENT</b>  |  | <b>15. TELEPHONE NO.</b> (Include Area Code)  |  | <b>16. EMAIL ADDRESS</b>   |  | <b>17. DATE PREPARED</b> (YYYYMMDD)        |  |
|   |  |  |  | (b)(4)  |  |  |  | 20150716                                   |  |
| <b>18. WBS ELEMENT CODE</b><br>1.1.3  |  | <b>19. WBS REPORTING ELEMENT</b><br>Enterprise Information System 1...n (Contractor Specify in Proposal) |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>b. AT COMPLETION  |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |  |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b><br>Other Direct Costs and Travel included in (20)                   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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: Department of Defense Healthcare Management System Modernization  
**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  O&S  
**2. PRIME MISSION PRODUCT** DHMSM Segments 1 and 2  
**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT  
**4. NAME/ADDRESS** (Include Zip Code)  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)  
**5. APPROVED PLAN NUMBER**

**6. CUSTOMER** (Direct-Reporting Subcontractor Use Only)  
**7. TYPE ACTION**  
 a. CONTRACT NO.: b. LATEST MODIFICATION: c. SOLICITATION NO.: N00039-14-R0018  
 d. NAME: e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
**12. REPORT AS OF** (YYYYMMDD) LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD): 7/1/2015  
 b. END DATE (YYYYMMDD): 6/30/2025  
**9. REPORT CYCLE**  
 INITIAL  INTERIM  FINAL  
**10. SUBMISSION NUMBER** 1  
**11. RESUBMISSION NUMBER** 20150717

**13. NAME** (Last, First, Middle Initial) **14. DEPARTMENT** **15. TELEPHONE NO.** (Include Area Code) (b)(4)  
**16. EMAIL ADDRESS** **17. DATE PREPARED** (YYYYMMDD) 20150716

**18. WBS ELEMENT CODE** 1.1.4 **19. WBS REPORTING ELEMENT** External System Interface Development 1...n (Contractor Specify in Proposal)  
**20. NUMBER OF UNITS**  
 a. TO DATE b. AT COMPLETION  
**21. APPROPRIATION**  
 RDT&E  PROCUREMENT  O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  O&S

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.:  
 b. LATEST MODIFICATION:  
 c. SOLICITATION NO.: N00039-14-R0018  
 d. NAME:  
 e. TASK ORDER/DELIVERY ORDER/LOT NO.: LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  
 INTERIM  
 FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
20150717

**12. REPORT AS OF (YYYYMMDD)**

**13. NAME (Last, First, Middle Initial)**  
14. DEPARTMENT  
15. TELEPHONE NO. (Include Area Code)  
16. EMAIL ADDRESS  
17. DATE PREPARED (YYYYMMDD)

(b)(4)  
20150716

**18. WBS ELEMENT CODE**  
1.1.5

**19. WBS REPORTING ELEMENT**  
AIS Platform Hardware

**20. NUMBER OF UNITS**  
a. TO DATE  
b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  O&S  
 A  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS** (Include Zip Code)  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER** (Direct-Reporting Subcontractor Use Only)

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
 d. NAME:

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL 7/1/2015  
 INTERIM 6/30/2025  
 FINAL

**10. SUBMISSION NUMBER** 1

**11. RESUBMISSION NUMBER**

**12. REPORT AS OF** (YYYYMMDD) LOT I, LOT II, LOT III, LOT IV  
20150717

**13. NAME** (Last, First, Middle Initial) **14. DEPARTMENT** **15. TELEPHONE NO.** (Include Area Code) **16. EMAIL ADDRESS** **17. DATE PREPARED** (YYYYMMDD)  
 (b)(4) 20150716

**18. WBS ELEMENT CODE** 1.1.6 **19. WBS REPORTING ELEMENT** System Level Integration

**20. NUMBER OF UNITS**  
 a. TO DATE b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  O&S  
 A  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS** (Include Zip Code)  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER** (Direct-Reporting Subcontractor Use Only)

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
 d. NAME:

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  
 INTERIM  
 FINAL

**10. SUBMISSION NUMBER** 1

**11. RESUBMISSION NUMBER**

**12. REPORT AS OF** (YYYYMMDD) 20150717

**13. NAME** (Last, First, Middle Initial)  
**14. DEPARTMENT**  
**15. TELEPHONE NO.** (Include Area Code)  
**16. EMAIL ADDRESS**  
**17. DATE PREPARED** (YYYYMMDD) 20150716

(b)(4)

**18. WBS ELEMENT CODE** 1.2  
**19. WBS REPORTING ELEMENT** System Engineering

**20. NUMBER OF UNITS**  
 a. TO DATE b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  O&S  
 A  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS** (Include Zip Code)  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190

**5. APPROVED PLAN NUMBER**  
 b. DIVISION: (b)(4)

**6. CUSTOMER** (Direct-Reporting Subcontractor Use Only)

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.: LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  
 INTERIM  
 FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
20150717

**12. REPORT AS OF** (YYYYMMDD)

**13. NAME** (Last, First, Middle Initial) **14. DEPARTMENT** **15. TELEPHONE NO.** (Include Area Code) **16. EMAIL ADDRESS** **17. DATE PREPARED** (YYYYMMDD)

(b)(4) 20150716

**18. WBS ELEMENT CODE** 1.3 **19. WBS REPORTING ELEMENT** Program Management

**20. NUMBER OF UNITS**  
 a. TO DATE b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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|   |  |  |   |   |                       |                                |
|---|--|--|---|---|-----------------------|--------------------------------|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization                                       |  | <b>2. PRIME MISSION PRODUCT</b><br>DHMSM Segments 1 and 2      | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190 | b. DIVISION<br>(b)(4) | <b>5. APPROVED PLAN NUMBER</b> |
| <b>b. PHASE/MILESTONE</b><br><input type="checkbox"/> Pre-A<br><input checked="" type="checkbox"/> B<br><input type="checkbox"/> C-LRIP |  | <input type="checkbox"/> C-FRP<br><input type="checkbox"/> O&S |   |   |                       |                                |

|  |  |  |                                      |                                       |                                |
|--|--|--|--------------------------------------|---------------------------------------|--------------------------------|
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only) |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION: | c. SOLICITATION NO.: N00039-14-R0018 | e. TASK ORDER/DELIVERY ORDER/LOT NO.: | LOT I, LOT II, LOT III, LOT IV |
|--|--|--|--------------------------------------|---------------------------------------|--------------------------------|

|   |  |                                   |                                |  |
|---|--|-----------------------------------|--------------------------------|--|
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD): | <b>9. REPORT CYCLE</b><br>7/1/2015<br>6/30/2025<br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL | <b>10. SUBMISSION NUMBER</b><br>1 | <b>11. RESUBMISSION NUMBER</b> | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717 |
|---|--|-----------------------------------|--------------------------------|--|

|   |                       |  |                          |   |
|---|-----------------------|--|--------------------------|---|
| <b>13. NAME</b> (Last, First, Middle Initial) | <b>14. DEPARTMENT</b> | <b>15. TELEPHONE NO.</b> (Include Area Code)<br>(b)(4) | <b>16. EMAIL ADDRESS</b> | <b>17. DATE PREPARED</b> (YYYYMMDD)<br>20150716 |
|---|-----------------------|--|--------------------------|---|

|                                    |   |  |  |
|------------------------------------|---|--|--|
| <b>18. WBS ELEMENT CODE</b><br>1.4 | <b>19. WBS REPORTING ELEMENT</b><br>Change Management | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>b. AT COMPLETION | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |
|------------------------------------|---|--|--|

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |
|--|---|--------------|----------|---|--------------|----------|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |
| <b>22. REMARKS</b><br>Other Direct Costs and Travel included in (20)                   |   |              |          |   |              |          |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  O&S

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS** (Include Zip Code)  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER** (Direct-Reporting Subcontractor Use Only)

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
 d. NAME: LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  
 INTERIM  
 FINAL

**10. SUBMISSION NUMBER**: 1

**11. RESUBMISSION NUMBER**: 20150717

**12. REPORT AS OF** (YYYYMMDD): 20150716

**13. NAME** (Last, First, Middle Initial):  
**14. DEPARTMENT**:  
**15. TELEPHONE NO.** (Include Area Code): (b)(4)  
**16. EMAIL ADDRESS**:  
**17. DATE PREPARED** (YYYYMMDD): 20150716

**18. WBS ELEMENT CODE**: 1.5  
**19. WBS REPORTING ELEMENT**: System Test and Evaluation

**20. NUMBER OF UNITS**  
 a. TO DATE: b. AT COMPLETION:

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

FUNCTIONAL COST-HOUR REPORT

Form Approved  
OMB No. 0704-0188

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1. MAJOR PROGRAM a. NAME: Department of Defense Healthcare Management System Modernization  
 b. PHASE/MILESTONE  Pre-A  B  C-FRP  A  C-LRIP  O&S  
 2. PRIME MISSION PRODUCT DHMSM Segments 1 and 2  
 3. REPORTING ORGANIZATION TYPE  PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT  
 4. NAME/ADDRESS (Include Zip Code) a. PERFORMING ORGANIZATION Leidos, Inc. 11951 Freedom Dr. Reston, VA 20190 b. DIVISION (b)(4)  
 5. APPROVED PLAN NUMBER  
 6. CUSTOMER (Direct-Reporting Subcontractor Use Only) 7. TYPE ACTION a. CONTRACT NO.: b. LATEST MODIFICATION: c. SOLICITATION NO.: N00039-14-R0018 e. TASK ORDER/DELIVERY ORDER/LOT NO.: d. NAME: LOT I, LOT II, LOT III, LOT IV

8. PERIOD OF PERFORMANCE a. START DATE (YYYYMMDD): b. END DATE (YYYYMMDD): 7/1/2015 6/30/2025  
 9. REPORT CYCLE  INITIAL  INTERIM  FINAL  
 10. SUBMISSION NUMBER 1  
 11. RESUBMISSION NUMBER 12. REPORT AS OF (YYYYMMDD) 20150717

13. NAME (Last, First, Middle Initial) 14. DEPARTMENT 15. TELEPHONE NO. (Include Area Code) 16. EMAIL ADDRESS 17. DATE PREPARED (YYYYMMDD) (b)(4) 20150716

18. WBS ELEMENT CODE 1.5.1 19. WBS REPORTING ELEMENT Development Test and Evaluation 20. NUMBER OF UNITS a. TO DATE b. AT COMPLETION 21. APPROPRIATION  RDT&E  PROCUREMENT  O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |
| Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address. |   |              |          |   |              |          |  |  |  |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  O&S  
 A  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190

**5. APPROVED PLAN NUMBER**  
 b. DIVISION: (b)(4)

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.: b. LATEST MODIFICATION: c. SOLICITATION NO.: N00039-14-R0018 e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
 d. NAME: LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD): 7/1/2015  INITIAL  
 b. END DATE (YYYYMMDD): 6/30/2025  INTERIM  FINAL

**9. REPORT CYCLE**

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
20150717

**12. REPORT AS OF (YYYYMMDD)**

**13. NAME (Last, First, Middle Initial)**  
(b)(4)

**14. DEPARTMENT**  
(b)(4)

**15. TELEPHONE NO. (Include Area Code)**  
(b)(4)

**16. EMAIL ADDRESS**  
(b)(4)

**17. DATE PREPARED (YYYYMMDD)**  
20150716

**18. WBS ELEMENT CODE**  
1.5.2

**19. WBS REPORTING ELEMENT**  
Operational Test and Evaluation

**20. NUMBER OF UNITS**  
 a. TO DATE b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |

**22. REMARKS**  
Other Direct Costs and Travel included in (20)

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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.**

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization |  | <b>2. PRIME MISSION PRODUCT</b><br>DHMSM Segments 1 and 2 | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190 | <b>5. APPROVED PLAN NUMBER</b><br><br>(b)(4) |
|---|--|---|---|---|--|

|  |  |  |  |                                       |                                |
|--|--|--|--|---------------------------------------|--------------------------------|
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only) |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION: | c. SOLICITATION NO.: N00039-14-R0018<br>d. NAME: | e. TASK ORDER/DELIVERY ORDER/LOT NO.: | LOT I, LOT II, LOT III, LOT IV |
|--|--|--|--|---------------------------------------|--------------------------------|

|   |  |                                   |  |  |
|---|--|-----------------------------------|--|--|
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD): | <b>9. REPORT CYCLE</b><br>7/1/2015 <input checked="" type="checkbox"/> INITIAL<br>6/30/2025 <input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL | <b>10. SUBMISSION NUMBER</b><br>1 | <b>11. RESUBMISSION NUMBER</b><br><br> | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717 |
|---|--|-----------------------------------|--|--|

|   |                       |  |                          |   |
|---|-----------------------|--|--------------------------|---|
| <b>13. NAME</b> (Last, First, Middle Initial) | <b>14. DEPARTMENT</b> | <b>15. TELEPHONE NO.</b> (Include Area Code)<br>(b)(4) | <b>16. EMAIL ADDRESS</b> | <b>17. DATE PREPARED</b> (YYYYMMDD)<br>20150716 |
|---|-----------------------|--|--------------------------|---|

|                                      |   |  |  |
|--------------------------------------|---|--|--|
| <b>18. WBS ELEMENT CODE</b><br>1.5.3 | <b>19. WBS REPORTING ELEMENT</b><br>Mock-ups / System Integration Labs (SILs) | <b>20. NUMBER OF UNITS</b><br>a. TO DATE: 0<br>b. AT COMPLETION: 1 | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |
|--------------------------------------|---|--|--|

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |

**22. REMARKS**  
 Number of units is based on the number of MTF sites, GALs, and Data Centers activated.  
 Other Direct Costs and Travel included in (20)  
  
 Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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.**

|   |  |  |  |   |  |  |  |   |  |
|---|--|--|--|---|--|--|--|---|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization   |  | <b>2. PRIME MISSION PRODUCT</b> DHMSM Segments 1 and 2   |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190      |  | <b>5. APPROVED PLAN NUMBER</b>                  |  |
| <b>b. PHASE/MILESTONE</b><br><input type="checkbox"/> Pre-A<br><input checked="" type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C-LRIP<br><input type="checkbox"/> C-FRP<br><input type="checkbox"/> O&S |  |  |  |   |  |  |  | (b)(4)  |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)  |  |  |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:  |  | c. SOLICITATION NO.: N00039-14-R0018   |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.:           |  |
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD):   |  | <b>9. REPORT CYCLE</b><br>7/1/2015<br>6/30/2025<br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL |  | <b>10. SUBMISSION NUMBER</b><br>1   |  | <b>11. RESUBMISSION NUMBER</b>   |  | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717  |  |
| <b>13. NAME</b> (Last, First, Middle Initial)   |  | <b>14. DEPARTMENT</b>  |  | <b>15. TELEPHONE NO.</b> (Include Area Code)  |  | <b>16. EMAIL ADDRESS</b>   |  | <b>17. DATE PREPARED</b> (YYYYMMDD)<br>20150716 |  |
|   |  |  |  | (b)(4)  |  |  |  |   |  |
| <b>18. WBS ELEMENT CODE</b><br>1.5.4  |  | <b>19. WBS REPORTING ELEMENT</b><br>Test and Evaluation Support  |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>b. AT COMPLETION  |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |   |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b><br>Other Direct Costs and Travel included in (20)                   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  O&S  
 A  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS** (Include Zip Code)  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER** (Direct-Reporting Subcontractor Use Only)

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
 d. NAME: LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  
 INTERIM  
 FINAL

**10. SUBMISSION NUMBER** 1

**11. RESUBMISSION NUMBER** 20150717

**12. REPORT AS OF** (YYYYMMDD) 20150716

**13. NAME** (Last, First, Middle Initial) **14. DEPARTMENT** **15. TELEPHONE NO.** (Include Area Code) **16. EMAIL ADDRESS** **17. DATE PREPARED** (YYYYMMDD)

(b)(4)

**18. WBS ELEMENT CODE** 1.6 **19. WBS REPORTING ELEMENT** Training **20. NUMBER OF UNITS**  
 a. TO DATE b. AT COMPLETION **21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  O&S

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
 d. NAME:

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  
 INTERIM  
 FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
12. REPORT AS OF (YYYYMMDD)  
20150717

**13. NAME (Last, First, Middle Initial)**  
14. DEPARTMENT  
15. TELEPHONE NO. (Include Area Code)  
16. EMAIL ADDRESS  
17. DATE PREPARED (YYYYMMDD)  
20150716

**18. WBS ELEMENT CODE**  
1.6.2

**19. WBS REPORTING ELEMENT**  
Services

**20. NUMBER OF UNITS**  
 a. TO DATE  
 b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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.**

|   |  |  |  |   |  |   |  |                       |  |                                |
|---|--|--|--|---|--|---|--|-----------------------|--|--------------------------------|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization   |  | <b>2. PRIME MISSION PRODUCT</b> DHMSM Segments 1 and 2 |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR <input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR <input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190 |  | b. DIVISION<br>(b)(4) |  | <b>5. APPROVED PLAN NUMBER</b> |
| <b>b. PHASE/MILESTONE</b><br><input type="checkbox"/> Pre-A <input checked="" type="checkbox"/> B <input type="checkbox"/> C-FRP <input type="checkbox"/> O&S<br><input type="checkbox"/> A <input type="checkbox"/> C-LRIP |  |  |  |   |  |   |  |                       |  |                                |

|  |  |  |  |  |                                      |  |                                       |  |                                |  |
|--|--|--|--|--|--------------------------------------|--|---------------------------------------|--|--------------------------------|--|
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only) |  |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION: |  | c. SOLICITATION NO.: N00039-14-R0018 |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.: |  | LOT I, LOT II, LOT III, LOT IV |  |
|  |  |  |  |  |                                      |  |                                       |  |                                |  |

|   |  |  |  |  |                                   |  |                                |  |  |  |
|---|--|--|--|--|-----------------------------------|--|--------------------------------|--|--|--|
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD): |  |  | <b>9. REPORT CYCLE</b><br>7/1/2015 <input checked="" type="checkbox"/> INITIAL<br>6/30/2025 <input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL |  | <b>10. SUBMISSION NUMBER</b><br>1 |  | <b>11. RESUBMISSION NUMBER</b> |  | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717 |  |
|   |  |  |  |  |                                   |  |                                |  |  |  |

|   |  |                       |  |  |  |                          |  |   |  |
|---|--|-----------------------|--|--|--|--------------------------|--|---|--|
| <b>13. NAME</b> (Last, First, Middle Initial) |  | <b>14. DEPARTMENT</b> |  | <b>15. TELEPHONE NO.</b> (Include Area Code) |  | <b>16. EMAIL ADDRESS</b> |  | <b>17. DATE PREPARED</b> (YYYYMMDD)<br>20150716 |  |
|   |  |                       |  | (b)(4)                                       |  |                          |  |   |  |

|                                    |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|
| <b>18. WBS ELEMENT CODE</b><br>1.6 |  | <b>19. WBS REPORTING ELEMENT</b><br>Training |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE: 0<br>b. AT COMPLETION: 693 |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |
|------------------------------------|--|--|--|--|--|--|--|

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b><br>Other Direct Costs and Travel included in (20)                   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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|   |  |  |  |   |  |  |  |   |  |
|---|--|--|--|---|--|--|--|---|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization   |  | <b>2. PRIME MISSION PRODUCT</b> DHMSM Segments 1 and 2   |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190      |  | <b>5. APPROVED PLAN NUMBER</b>                  |  |
| <b>b. PHASE/MILESTONE</b><br><input type="checkbox"/> Pre-A<br><input checked="" type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C-LRIP<br><input type="checkbox"/> C-FRP<br><input type="checkbox"/> O&S |  |  |  |   |  |  |  | b. DIVISION<br>(b)(4)                           |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)  |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:   |  | c. SOLICITATION NO.: N00039-14-R0018  |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.:  |  | LOT I, LOT II, LOT III, LOT IV                  |  |
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD):   |  | <b>9. REPORT CYCLE</b><br>7/1/2015<br>6/30/2025<br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL |  | <b>10. SUBMISSION NUMBER</b><br>1   |  | <b>11. RESUBMISSION NUMBER</b>   |  | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717  |  |
| <b>13. NAME</b> (Last, First, Middle Initial)   |  | <b>14. DEPARTMENT</b>  |  | <b>15. TELEPHONE NO.</b> (Include Area Code)  |  | <b>16. EMAIL ADDRESS</b>   |  | <b>17. DATE PREPARED</b> (YYYYMMDD)<br>20150716 |  |
|   |  |  |  | (b)(4)  |  |  |  |   |  |
| <b>18. WBS ELEMENT CODE</b><br>1.10.1   |  | <b>19. WBS REPORTING ELEMENT</b><br>IT Enterprise Sites (Segment 1)  |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>0<br>b. AT COMPLETION<br>2  |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |   |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Number of units is based on the number of MTF sites, GALs, and Data Centers activated.<br>Other Direct Costs and Travel included in (20)               |   |              |          |   |              |          |  |  |  |
| Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address. |   |              |          |   |              |          |  |  |  |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.:   
 b. LATEST MODIFICATION:   
 c. SOLICITATION NO.: N00039-14-R0018  
 d. NAME:   
 e. TASK ORDER/DELIVERY ORDER/LOT NO.:   
 LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):   
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL (7/1/2015)  
 INTERIM (6/30/2025)  
 FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
20150717

**12. REPORT AS OF (YYYYMMDD)**  
20150716

**13. NAME (Last, First, Middle Initial)**  
(b)(4)

**14. DEPARTMENT**  
(b)(4)

**15. TELEPHONE NO. (Include Area Code)**  
(b)(4)

**16. EMAIL ADDRESS**  
(b)(4)

**17. DATE PREPARED (YYYYMMDD)**  
20150716

**18. WBS ELEMENT CODE**  
1.10.3

**19. WBS REPORTING ELEMENT**  
Hospitals (Segment 1)

**20. NUMBER OF UNITS**  
 a. TO DATE: 0  
 b. AT COMPLETION: 55

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Number of units is based on the number of MTF sites, GALs, and Data Centers activated.<br>Other Direct Costs and Travel included in (20)               |   |              |          |   |              |          |  |  |  |
| Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address. |   |              |          |   |              |          |  |  |  |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  O&S  
 A  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
 d. NAME:

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  
 INTERIM  
 FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**

**12. REPORT AS OF (YYYYMMDD)**  
20150717

**13. NAME (Last, First, Middle Initial)**  
(b)(4)

**14. DEPARTMENT**

**15. TELEPHONE NO. (Include Area Code)**  
(b)(4)

**16. EMAIL ADDRESS**

**17. DATE PREPARED (YYYYMMDD)**  
20150716

**18. WBS ELEMENT CODE**  
1.10.4

**19. WBS REPORTING ELEMENT**  
Medical Clinics (Segment 1)

**20. NUMBER OF UNITS**  
 a. TO DATE: 0  
 b. AT COMPLETION: 352

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Number of units is based on the number of MTF sites, GALs, and Data Centers activated.<br>Other Direct Costs and Travel included in (20)               |   |              |          |   |              |          |  |  |  |
| Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address. |   |              |          |   |              |          |  |  |  |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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.**

|  |  |  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|--|--|---|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization  |  | <b>2. PRIME MISSION PRODUCT</b>  |  | <b>3. REPORTING ORGANIZATION TYPE</b>  |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190      |  | <b>5. APPROVED PLAN NUMBER</b>                  |  |
| b. PHASE/MILESTONE<br><input type="checkbox"/> Pre-A <input checked="" type="checkbox"/> B <input type="checkbox"/> C-FRP <input type="checkbox"/> O&S<br><input type="checkbox"/> A <input type="checkbox"/> C-LRIP |  | DHMSM Segments 1 and 2   |  | <input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR <input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR <input type="checkbox"/> GOVERNMENT |  | b. DIVISION<br>(b)(4)  |  |   |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)   |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:   |  | c. SOLICITATION NO.: N00039-14-R0018<br>d. NAME:   |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.:  |  | LOT I, LOT II, LOT III, LOT IV                  |  |
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD):  |  | <b>9. REPORT CYCLE</b><br>7/1/2015 <input checked="" type="checkbox"/> INITIAL<br>6/30/2025 <input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL |  | <b>10. SUBMISSION NUMBER</b><br>1  |  | <b>11. RESUBMISSION NUMBER</b>   |  | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717  |  |
| <b>13. NAME</b> (Last, First, Middle Initial)  |  | <b>14. DEPARTMENT</b>  |  | <b>15. TELEPHONE NO.</b> (Include Area Code)   |  | <b>16. EMAIL ADDRESS</b>   |  | <b>17. DATE PREPARED</b> (YYYYMMDD)<br>20150716 |  |
|  |  |  |  | (b)(4)   |  |  |  |   |  |
| <b>18. WBS ELEMENT CODE</b><br>1.10.5  |  | <b>19. WBS REPORTING ELEMENT</b><br>Dental Clinics (Segment 1)   |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>0<br>b. AT COMPLETION<br>280   |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |   |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Number of units is based on the number of MTF sites, GALs, and Data Centers activated.<br>Other Direct Costs and Travel included in (20)               |   |              |          |   |              |          |  |  |  |
| Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address. |   |              |          |   |              |          |  |  |  |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  
 A  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190

**5. APPROVED PLAN NUMBER**  
 b. DIVISION: (b)(4)

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.:

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD): 7/1/2015  
 b. END DATE (YYYYMMDD): 6/30/2025

**9. REPORT CYCLE**  
 INITIAL  INTERIM  FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
12. REPORT AS OF (YYYYMMDD): 20150717

**13. NAME (Last, First, Middle Initial)**  
14. DEPARTMENT  
15. TELEPHONE NO. (Include Area Code): (b)(4)  
16. EMAIL ADDRESS  
17. DATE PREPARED (YYYYMMDD): 20150716

**18. WBS ELEMENT CODE**  
1.10.8

**19. WBS REPORTING ELEMENT**  
Role 3 Care (Segment 2)

**20. NUMBER OF UNITS**  
 a. TO DATE: 0  
 b. AT COMPLETION: 1

**21. APPROPRIATION**  
 RDT&E  PROCUREMENT  O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Number of units is based on the number of MTF sites, GALs, and Data Centers activated.<br>Other Direct Costs and Travel included in (20)               |   |              |          |   |              |          |  |  |  |
| Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address. |   |              |          |   |              |          |  |  |  |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190

**5. APPROVED PLAN NUMBER**  
 b. DIVISION: (b)(4)

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.:   
 b. LATEST MODIFICATION:   
 c. SOLICITATION NO.: N00039-14-R0018   
 d. NAME:   
 e. TASK ORDER/DELIVERY ORDER/LOT NO.:   
 LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):   
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL (7/1/2015)   
 INTERIM (6/30/2025)   
 FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
20150717

**12. REPORT AS OF (YYYYMMDD)**  
20150716

**13. NAME (Last, First, Middle Initial)**  
(b)(4)

**14. DEPARTMENT**  
(b)(4)

**15. TELEPHONE NO. (Include Area Code)**  
(b)(4)

**16. EMAIL ADDRESS**  
(b)(4)

**17. DATE PREPARED (YYYYMMDD)**  
20150716

**18. WBS ELEMENT CODE**  
1.10.10

**19. WBS REPORTING ELEMENT**  
Other Sites (Segment 2)

**20. NUMBER OF UNITS**  
 a. TO DATE: 0   
 b. AT COMPLETION: 1

**21. APPROPRIATION**  
 RDT&E   
 PROCUREMENT   
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Number of units is based on the number of MTF sites, GALs, and Data Centers activated.<br>Other Direct Costs and Travel included in (20)               |   |              |          |   |              |          |  |  |  |
| Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address. |   |              |          |   |              |          |  |  |  |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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.**

|  |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization  |  | <b>2. PRIME MISSION PRODUCT</b>                     |  | <b>3. REPORTING ORGANIZATION TYPE</b>  |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)  |  | <b>5. APPROVED PLAN NUMBER</b>                                       |  |
| b. PHASE/MILESTONE<br>Pre-A <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C-LRIP <input type="checkbox"/> C-FRP <input type="checkbox"/> O&S |  | DHMSM Segments 1 and 2                              |  | <input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT |  | a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190                       |  | b. DIVISION<br>(b)(4)  |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)   |  |   |  | <b>7. TYPE ACTION</b>  |  | c. SOLICITATION NO.: N00039-14-R0018   |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.:<br>LOT I LOT II LOT III LOT IV |  |
| a. CONTRACT NO.:   |  | b. LATEST MODIFICATION:                             |  | 10. SUBMISSION NUMBER  |  | 11. RESUBMISSION NUMBER  |  | 12. REPORT AS OF (YYYYMMDD)  |  |
| 8. PERIOD OF PERFORMANCE   |  | 9. REPORT CYCLE                                     |  | 1  |  |  |  | 20150717   |  |
| a. START DATE (YYYYMMDD): 7/1/2015   |  | <input checked="" type="checkbox"/> INITIAL         |  |  |  |  |  |  |  |
| b. END DATE (YYYYMMDD): 6/30/2025  |  | <input type="checkbox"/> INTERIM                    |  |  |  |  |  |  |  |
|  |  | <input type="checkbox"/> FINAL                      |  |  |  |  |  |  |  |
| 13. NAME (Last, First, Middle Initial)   |  | 14. DEPARTMENT                                      |  | 15. TELEPHONE NO. (Include Area Code)  |  | 16. EMAIL ADDRESS  |  | 17. DATE PREPARED (YYYYMMDD)   |  |
|  |  |   |  | (b)(4)   |  |  |  | 20150716   |  |
| <b>18. WBS ELEMENT CODE</b>  |  | <b>19. WBS REPORTING ELEMENT</b>                    |  | <b>20. NUMBER OF UNITS</b>   |  | <b>21. APPROPRIATION</b>   |  |  |  |
| 1.0  |  | DHMSM Operations and Support (O&S) - Segments 1 & 2 |  | a. TO DATE b. AT COMPLETION  |  | <input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |  |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |
|--|---|--------------|----------|---|--------------|----------|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |
|  |   |              |          |   |              |          |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control)   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MATERIALS</b>   |   |              |          |   |              |          |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>SUMMARY</b>   |   |              |          |   |              |          |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |
| Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address. |   |              |          |   |              |          |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  O&S

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER** (Direct-Reporting Subcontractor Use Only)

**7. TYPE ACTION**  
 a. CONTRACT NO.:   
 b. LATEST MODIFICATION:   
 c. SOLICITATION NO.: N00039-14-R0018  
 d. NAME:   
 e. TASK ORDER/DELIVERY ORDER/LOT NO.:   
 LOT I, LOT II, LOT III, LOT IV

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):   
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL  INTERIM  FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
20150717

**12. REPORT AS OF (YYYYMMDD)**  
20150716

**13. NAME (Last, First, Middle Initial)**  
(b)(4)

**14. DEPARTMENT**  
(b)(4)

**15. TELEPHONE NO. (Include Area Code)**  
(b)(4)

**16. EMAIL ADDRESS**  
(b)(4)

**17. DATE PREPARED (YYYYMMDD)**  
20150716

**18. WBS ELEMENT CODE**  
1.3

**19. WBS REPORTING ELEMENT**  
Software Maintenance

**20. NUMBER OF UNITS**  
 a. TO DATE   
 b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  PROCUREMENT  O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |
|--|---|--------------|----------|---|--------------|----------|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MATERIALS</b>   |   |              |          |   |              |          |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>SUMMARY</b>   |   |              |          |   |              |          |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>22. REMARKS</b><br>Other Direct Costs and Travel included in (20)                   |   |              |          |   |              |          |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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**1. MAJOR PROGRAM** a. NAME: Department of Defense Healthcare Management System Modernization

**b. PHASE/MILESTONE**  
 Pre-A  B  C-FRP  C-LRIP  O&S

**2. PRIME MISSION PRODUCT**  
DHMSM Segments 1 and 2

**3. REPORTING ORGANIZATION TYPE**  
 PRIME / ASSOCIATE CONTRACTOR  DIRECT-REPORTING SUBCONTRACTOR  GOVERNMENT

**4. NAME/ADDRESS (Include Zip Code)**  
 a. PERFORMING ORGANIZATION: Leidos, Inc.  
 11951 Freedom Dr. Reston, VA 20190  
 b. DIVISION: (b)(4)

**5. APPROVED PLAN NUMBER**

**6. CUSTOMER (Direct-Reporting Subcontractor Use Only)**

**7. TYPE ACTION**  
 a. CONTRACT NO.: c. SOLICITATION NO.: N00039-14-R0018  
 b. LATEST MODIFICATION: e. TASK ORDER/DELIVERY ORDER/LOT NO.:  
 d. NAME:

**8. PERIOD OF PERFORMANCE**  
 a. START DATE (YYYYMMDD):  
 b. END DATE (YYYYMMDD):

**9. REPORT CYCLE**  
 INITIAL 7/1/2015  
 INTERIM 6/30/2025  
 FINAL

**10. SUBMISSION NUMBER**  
1

**11. RESUBMISSION NUMBER**  
2150717

**12. REPORT AS OF (YYYYMMDD)**  
2150716

**13. NAME (Last, First, Middle Initial)**  
14. DEPARTMENT  
15. TELEPHONE NO. (Include Area Code)  
16. EMAIL ADDRESS  
17. DATE PREPARED (YYYYMMDD)

(b)(4)  
2150716

**18. WBS ELEMENT CODE**  
1.4

**19. WBS REPORTING ELEMENT**  
Hardware Maintenance

**20. NUMBER OF UNITS**  
a. TO DATE b. AT COMPLETION

**21. APPROPRIATION**  
 RDT&E  
 PROCUREMENT  
 O&M

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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 Department of Defense, Washington Headquarters Services, 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.**

|  |  |  |  |   |  |  |  |   |  |
|--|--|--|--|---|--|--|--|---|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization  |  | <b>2. PRIME MISSION PRODUCT</b> DHMSM Segments 1 and 2   |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190      |  | <b>5. APPROVED PLAN NUMBER</b>                  |  |
| b. PHASE/MILESTONE<br><input type="checkbox"/> Pre-A<br><input checked="" type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C-LRIP<br><input type="checkbox"/> C-FRP<br><input type="checkbox"/> O&S |  |  |  |   |  | b. DIVISION<br>(b)(4)  |  |   |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)   |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:   |  | c. SOLICITATION NO.: N00039-14-R0018  |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.:  |  | LOT I, LOT II, LOT III, LOT IV                  |  |
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD):  |  | <b>9. REPORT CYCLE</b><br>7/1/2015<br>6/30/2025<br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL |  | <b>10. SUBMISSION NUMBER</b><br>1   |  | <b>11. RESUBMISSION NUMBER</b>   |  | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717  |  |
| <b>13. NAME</b> (Last, First, Middle Initial)  |  | <b>14. DEPARTMENT</b>  |  | <b>15. TELEPHONE NO.</b> (Include Area Code)  |  | <b>16. EMAIL ADDRESS</b>   |  | <b>17. DATE PREPARED</b> (YYYYMMDD)<br>20150716 |  |
|  |  |  |  | (b)(4)  |  |  |  |   |  |
| <b>18. WBS ELEMENT CODE</b><br>1.5   |  | <b>19. WBS REPORTING ELEMENT</b><br>Change Architecture / Design   |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>b. AT COMPLETION  |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |   |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |
|--|---|--------------|----------|---|--------------|----------|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MATERIALS</b>   |   |              |          |   |              |          |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>SUMMARY</b>   |   |              |          |   |              |          |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>22. REMARKS</b><br>Other Direct Costs and Travel included in (20)                   |   |              |          |   |              |          |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
OMB No. 0704-0188

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|  |  |   |  |   |  |   |  |  |  |  |
|--|--|---|--|---|--|---|--|--|--|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization  |  | <b>2. PRIME MISSION PRODUCT</b> DHMSM Segments 1 and 2                          |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190 |  | b. DIVISION<br><br>(b)(4)  |  | <b>5. APPROVED PLAN NUMBER</b>                     |
| b. PHASE/MILESTONE<br><input type="checkbox"/> Pre-A<br><input checked="" type="checkbox"/> A<br><input type="checkbox"/> B<br><input type="checkbox"/> C-LRIP<br><input type="checkbox"/> C-FRP<br><input type="checkbox"/> O&S |  |   |  |   |  |   |  |  |  |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)   |  |   |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:  |  | c. SOLICITATION NO.: N00039-14-R0018  |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.:  |  | LOT I, LOT II, LOT III, LOT IV                     |
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD):  |  | 7/1/2015<br>6/30/2025   |  | <b>9. REPORT CYCLE</b><br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL   |  | <b>10. SUBMISSION NUMBER</b><br><br>1   |  | <b>11. RESUBMISSION NUMBER</b><br><br>   |  | <b>12. REPORT AS OF</b> (YYYYMMDD)<br><br>20150717 |
| <b>13. NAME</b> (Last, First, Middle Initial)  |  | <b>14. DEPARTMENT</b>   |  | <b>15. TELEPHONE NO.</b> (Include Area Code)  |  | <b>16. EMAIL ADDRESS</b>  |  | <b>17. DATE PREPARED</b> (YYYYMMDD)  |  |  |
|  |  |   |  | (b)(4)  |  |   |  |  |  | 20150716   |
| <b>18. WBS ELEMENT CODE</b><br><br>1.6   |  | <b>19. WBS REPORTING ELEMENT</b><br><br>Purchased Software and Hardware refresh |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>b. AT COMPLETION  |  |   |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |
|--|---|--------------|----------|---|--------------|----------|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |
|  | <b>ENGINEERING</b>  |              |          |   |              |          |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>MATERIALS</b>   |   |              |          |   |              |          |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>SUMMARY</b>   |   |              |          |   |              |          |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |
| <b>22. REMARKS</b><br>Other Direct Costs and Travel included in (20)                   |   |              |          |   |              |          |

**FUNCTIONAL COST-HOUR REPORT**

Form Approved  
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|   |  |  |  |   |  |  |  |   |  |
|---|--|--|--|---|--|--|--|---|--|
| <b>1. MAJOR PROGRAM</b> a. NAME: Department of Defense Healthcare Management System Modernization                                       |  | <b>2. PRIME MISSION PRODUCT</b> DHMSM Segments 1 and 2   |  | <b>3. REPORTING ORGANIZATION TYPE</b><br><input checked="" type="checkbox"/> PRIME / ASSOCIATE CONTRACTOR<br><input type="checkbox"/> DIRECT-REPORTING SUBCONTRACTOR<br><input type="checkbox"/> GOVERNMENT |  | <b>4. NAME/ADDRESS</b> (Include Zip Code)<br>a. PERFORMING ORGANIZATION<br>Leidos, Inc.<br>11951 Freedom Dr. Reston, VA 20190      |  | <b>5. APPROVED PLAN NUMBER</b>  |  |
| <b>b. PHASE/MILESTONE</b><br><input type="checkbox"/> Pre-A<br><input checked="" type="checkbox"/> B<br><input type="checkbox"/> C-LRIP |  | <input type="checkbox"/> C-FRP<br><input type="checkbox"/> O&S   |  |   |  | b. DIVISION<br>(b)(4)  |  |   |  |
| <b>6. CUSTOMER</b> (Direct-Reporting Subcontractor Use Only)  |  |  |  | <b>7. TYPE ACTION</b><br>a. CONTRACT NO.:<br>b. LATEST MODIFICATION:  |  | c. SOLICITATION NO.: N00039-14-R0018   |  | e. TASK ORDER/DELIVERY ORDER/LOT NO.:<br>LOT I, LOT II, LOT III, LOT IV |  |
| <b>8. PERIOD OF PERFORMANCE</b><br>a. START DATE (YYYYMMDD):<br>b. END DATE (YYYYMMDD):   |  | <b>9. REPORT CYCLE</b><br>7/1/2015<br>6/30/2025<br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> INTERIM<br><input type="checkbox"/> FINAL |  | <b>10. SUBMISSION NUMBER</b><br>1   |  | <b>11. RESUBMISSION NUMBER</b>   |  | <b>12. REPORT AS OF</b> (YYYYMMDD)<br>20150717                          |  |
| <b>13. NAME</b> (Last, First, Middle Initial)   |  | <b>14. DEPARTMENT</b>  |  | <b>15. TELEPHONE NO.</b> (Include Area Code)  |  | <b>16. EMAIL ADDRESS</b>   |  | <b>17. DATE PREPARED</b> (YYYYMMDD)<br>20150716                         |  |
|   |  |  |  | (b)(4)  |  |  |  |   |  |
| <b>18. WBS ELEMENT CODE</b><br>1.8  |  | <b>19. WBS REPORTING ELEMENT</b><br>IT Operations & Monitoring   |  | <b>20. NUMBER OF UNITS</b><br>a. TO DATE<br>b. AT COMPLETION  |  | <b>21. APPROPRIATION</b><br><input type="checkbox"/> RDT&E<br><input type="checkbox"/> PROCUREMENT<br><input type="checkbox"/> O&M |  |   |  |

| FUNCTIONAL DATA ELEMENTS   | COSTS AND HOURS INCURRED TO DATE<br>(thousands of U.S. Dollars or thousands of hours) |              |          | COSTS AND HOURS INCURRED AT COMPLETION<br>(thousands of U.S. Dollars or thousands of hours) |              |          |  |  |  |
|--|---|--------------|----------|---|--------------|----------|--|--|--|
|  | A. NONRECURRING   | B. RECURRING | C. TOTAL | D. NONRECURRING   | E. RECURRING | F. TOTAL |  |  |  |
| <b>ENGINEERING</b>   |   |              |          |   |              |          |  |  |  |
| (1) DIRECT ENGINEERING LABOR HOURS   | 0   | 0            | 0        | (b)(4)  |              |          |  |  |  |
| (2) DIRECT ENGINEERING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (3) ENGINEERING OVERHEAD DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (4) TOTAL ENGINEERING DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MANUFACTURING OPERATIONS</b>  |   |              |          |   |              |          |  |  |  |
| (5) DIRECT TOOLING LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (6) DIRECT TOOLING LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (7) DIRECT TOOLING & EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (8) DIRECT QUALITY CONTROL LABOR HOURS   | 0   | 0            | 0        |   |              |          |  |  |  |
| (9) DIRECT QUALITY CONTROL LABOR DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (10) DIRECT MANUFACTURING LABOR HOURS  | 0   | 0            | 0        |   |              |          |  |  |  |
| (11) DIRECT MANUFACTURING LABOR DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (12) MANUFACTURING OPERATIONS OVERHEAD DOLLARS (Including Tooling and Quality Control) | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (13) TOTAL MANUFACTURING OPERATIONS DOLLARS (Sum of rows 6, 7, 9, 11, and 12)          | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>MATERIALS</b>   |   |              |          |   |              |          |  |  |  |
| (14) RAW MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (15) PURCHASED PARTS DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (16) PURCHASED EQUIPMENT DOLLARS   | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (17) MATERIAL HANDLING OVERHEAD DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (18) TOTAL DIRECT-REPORTING SUBCONTRACTOR DOLLARS                                      | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| (19) TOTAL MATERIAL DOLLARS  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>OTHER COSTS</b>   |   |              |          |   |              |          |  |  |  |
| (20) OTHER COSTS NOT SHOWN ELSEWHERE (Specify in Remarks)                              | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>SUMMARY</b>   |   |              |          |   |              |          |  |  |  |
| (21) TOTAL COST (Direct and Overhead)  | \$0.0   | \$0.0        | \$0.0    |   |              |          |  |  |  |
| <b>22. REMARKS</b>   |   |              |          |   |              |          |  |  |  |
| Other Direct Costs and Travel included in (20)   |   |              |          |   |              |          |  |  |  |

Please see table below for a complete breakout of subcontracted costs, Non-Recurring and Recurring, with subcontract details such as name and address.