CLASSIFICATION *(When filled in)*

COST PERFORMANCE REPORT
FORMAT 4 - STAFFING

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 5.0 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 the Department of Defense, Executive Services and Communications 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 FORM TO THE ABOVE ORGANIZATION. SUBMIT COMPLETED FORMS IN ACCORDANCE WITH CONTRACTUAL REQUIREMENTS.**

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM *(YYYYMMDD)*
b. LOCATION *(Address and ZIP Code)*	b. NUMBER			b. TO *(YYYYMMDD)*
	c. TYPE	d. SHARE RATIO	b. PHASE *(X one)* ☐ RDT&E ☐ PRODUCTION	

5. PERFORMANCE DATA *(All figures in whole numbers)*

ORGANIZATIONAL CATEGORY (1)	ACTUAL CURRENT PERIOD (2)	ACTUAL END OF CURRENT PERIOD *(Cumulative)* (3)	FORECAST *(Non-Cumulative)* SIX MONTH FORECAST BY MONTH *(Enter names of months)* (4)	(5)	(6)	(7)	(8)	(9)	ENTER SPECIFIED PERIODS (10)	(11)	(12)	(13)	(14)	AT COMPLETION (15)
6. TOTAL DIRECT	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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