

[Project Name (Acronym)]

REVIEW DATE:**LOCATION OF PROJECT:**

PROGRAM MANAGER:

FEDERAL PROJECT DIRECTOR:

ACQUISITION EXECUTIVE:

CURRENT CRITICAL DECISION: CD-

PROJECT STATUS		
Project Type	MIE / Line Item / Cooperative Agreement	
CD-1	Planned:	Actual:
CD-2	Planned:	Actual:
CD-3	Planned:	Actual:
CD-4	Planned:	Actual:
TPC Percent Complete	Planned: _____ %	Actual: _____ %
TPC Cost to Date		
TPC Committed to Date		
TPC		
TEC		
Contingency Cost (w/Mgmt Reserve)	\$ _____	_____ % to go
Contingency Schedule on CD-4b	_____ months	_____ %
CPI Cumulative		
SPI Cumulative		

Index of Dollars	2009 MAR	2009 APR	2009 MAY	2009 JUN	2009 JUL	2009 AUG	2009 SEP	2009 OCT	2009 NOV	2009 DEC	2010 JAN	2010 FEB
SPICUM	0.954	0.921	0.905	0.908	0.905	0.919	0.929	0.979	0.937	0.940	0.938	0.932
CPICUM	1.054	1.056	1.063	1.075	1.044	1.032	1.007	1.044	1.009	1.002	0.995	0.997

- | | | |
|-----------------------|---------------------|---------------------|
| • cumulative
BCWS: | cumulative
BCWP: | cumulative
ACWP: |
|-----------------------|---------------------|---------------------|

(Include funding chart here.)

[illegible]

1. SUMMARY

A Department of Energy (DOE) independent project review of the _____ project was chaired by _____. **The Committee found that** _____.

2. TECHNICAL**Recommendations:**

- _____.

3. COST, SCHEDULE, and FUNDING**Recommendations:**

- _____.

4. MANAGEMENT**Recommendations:**

- _____.

5. Conventional Facilities, Environment, Safety and Health, Procurement, etc. (as needed)**Recommendations:**

- _____.

Prepared By: _____

Date: _____