

SPEND PLAN (SP) FOR HPCMP WORKFORCE DEVELOPMENT INITIATIVES

Revised SP

1) TO	FROM <i>(Performing Activity)</i>
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HPCMP WORKFORCE DEVELOPMENT PROJECT NUMBER <i>(from TOR)</i>	PROJECT TITLE
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2) MIPR NUMBER	DATE RECEIVED	TOTAL	DATE ACCEPTED
AMENDED <i>(Mod)</i> NUMBER	DATE RECEIVED	TOTAL	DATE ACCEPTED

REASON FOR THE AMENDMENT *(Mod)*

PERIOD OF PERFORMANCE From	To
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3) ESTIMATED COST OF EFFORT TO BE PERFORMED (By Cost Category) DURING BUDGET YEAR		
COST CATEGORY	FY ___ AMOUNT	FY ___ AMOUNT
LABOR – MILITARY OR CIVILIAN		
LABOR – CONTRACTOR		
TRAVEL – MILITARY OR CIVILIAN		
TRAVEL – CONTRACTOR		
OTHER DIRECT COSTS – EQUIPMENT, MATERIALS & SUPPLIES		
OTHER COSTS – ASSIST ACQUISITION FEES, ETC.		

4) IF FUNDS ARE TO BE PUT ON CONTRACT, PROVIDE THE FOLLOWING INFORMATION		
CONTRACT NUMBER	DELIVERY ORDER	TOTAL OBLIGATION

5) MONTHLY ACCRUAL AMOUNT Provide monthly estimate by dollar amount. Cumulative Total must equal Total Obligation by Line Item. Accruals should not start before and/or be incurred after the period of performance or end of funds appropriation.							
FY ___	AMOUNT	FY ___	AMOUNT	FY ___	AMOUNT	FY ___	AMOUNT
OCT		APR		OCT		APR	
NOV		MAY		NOV		MAY	
DEC		JUN		DEC		JUN	
JAN		JUL		JAN		JUL	
FEB		AUG		FEB		AUG	
MAR		SEP		MAR		SEP	

FY ___ TOTAL

FY ___ TOTAL
CUMULATIVE TOTAL

6) PERFORMANCE OF WORK Monthly accruals must be based on a predictability indicator. Basis for this predictability indicator is:

COMMENTS

7) NAME, PHONE AND EMAIL OF AUTHORIZED REPRESENTATIVE OF PERFORMING ORGANIZATION	SIGNATURE	DATE
NAME, PHONE AND EMAIL OF HPCMP WD ASSOCIATE DIRECTOR OR AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE
NAME, PHONE AND EMAIL OF HPCMP FINANCIAL MANAGER OR AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE

INSTRUCTIONS FOR SPEND PLAN (SP) FOR HPCMP WORKFORCE DEVELOPMENT INITIATIVES

Submit a separate Spend Plan (SP) form for each Workforce Development project. The Performing Organization's Technical Point of Contact (as shown on the Terms of Reference) must sign and date each SP submitted in the Representative of Performing Organization block. The authority to sign on behalf of the TPOC can only be delegated to the Financial Point of Contact (as shown on the Terms of Reference) and is not further delegable. Much of the information requested in the form is self-explanatory, for those fields that require clarification that information is below.

For each block, follow the instructions below:

1. **HPCMP Workforce Development agreement information.** Select the appropriate WD Initiative this effort is funded to support in the TO field. Enter the HPCMP WD Project Number from the TOR. Example: HPC-SASWD-FY15-WDUSR-003. The Project Title field is limited to 200 characters, abbreviations are acceptable.
2. **Funding Document information.** Make sure the MIPR number, Date Received, Total and Date Accepted are completed along with the Period of Performance on the original as well as on any revisions submitted. The Reason for the Amendment field is limited to 300 characters.
3. **Estimated Cost of Effort to be performed during Budget Year.** Show the breakout by cost category as known at the time of SP submission. Once the FY fields are entered, the FY fields in Block 5 are automatically completed.
4. **Service Contract Information.**
5. **Monthly Accrual Amount.** Fill out the monthly accrual amount, in dollars equal to the total obligation.
6. **Performance of Work.** Select the appropriate category that best supports the proposed schedule of accruals (Block 5). **CANNOT BE LEFT BLANK.** The comments field is limited to 600 characters. Use the Comments field to provide any additional comments necessary to give HPCMP a reasonable expectation that the schedule will be met; such as, "typically a 3 week delay between civ lab posting and costs appearing in the DFAS system".
7. **Signatures.** Make sure that the phone number and email address of the performing organization's representative is completed. Digital signatures are preferred.

When completed and signed, the SP should be labeled and saved using the following file naming convention: SPx_HPCMP Workforce Development Project number_ddmmmyyyy. Example: SP0_HPC-SASWD-FY15-WDUSR-003_01JUN2015.pdf. **Note:** the original spend plan is "0".

Send via email to: HIP-Financial@hpc.mil. Please enter in subject line of email "Spend Plan x for HPCMP Workforce Development Project Number. Example: Subject: Spend Plan 0 HPC-SASWD-FY15-WDUSR-003.

For a modification that increases the obligation or a change in the Period of Performance, a revised SP is required. Follow these same instructions for completing and submitting a revised SP, except enter the revision number in the Revised SP box at the top of the page.

For a modification that decreases the obligation, the reduction will be subtracted from the existing SP starting with last month accrual.