Summary

* Justification for contractor support, including unfunded category in accordance with the definitions (Mission Critical, Mission Essential, or Quality of Life) and prioritized along with other unit/directorate unfunded requirements.
* The type of workload the contractor will accomplish.
* How the work is being done today.
* The impact if not approved and funded.
* Under what contract this support is being requested.
* The source of funding to cover the costs of the proposal.
* Anticipated timeframe support is required. Requests exceeding one year, if warranted, should be staffed for approval in order to reduce future annual reviews.
* The office space required by the contractor. Include one of the following statements in the staff summary sheet:
	+ Contractor employees do not require and will not occupy government office space.
	+ Contractor employees require and will occupy existing office space within Bldg X. In this case, HQ AFSOC/CE coordination and HQ AFSOC/DS approval is required prior to submitting the A&AS contractor support request.

**Signed:**

**Tabs**

* Determination Decision Document (if A&AS)
* Statement of Work
* Independent Government Cost Estimate
* AF Form 9
* Contract Security Classification (DD254)
* Nomination of Contract Representative
* Sole Source Letter (if follow-on)
* Past Performance Evaluation (if follow-on)

Summary Report

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | To | Action | Signature (Surname), Grade, Date |  | To | Action | Signature (Surname), Grade, Date |
| 1 | XPM | Coord |  | 6 | CE | Coord | (only if ktr uses gov’t bldg space) |
| 2 | LGC | Coord |  | 7 | DS | Coord | (only if ktr uses gov’t space) |
| 3 | JA | Coord |  | 8 | CC or CV | Approve | (If over $50,000) |
| Grade and Surname of Action Officer | Symbol | Phone | Suspense Date |
| SubjectRequirements Package for SETA Services | SSS Date |

**Company Name**