EW&A GTARC UARC APPROVAL FORM - FMS

Name of the Organization and Program   **Associated Core Competency**

Specifically state requirement AND how it aligns with selected Core Competency

Is a Small Business currently performing this work?   Yes   NO   If Yes, Contract #

Base Period of Performance (PoP)   **Total PoP w/Options**

Desired Award Date   **FUNDING**
                                                    Type of Funds / Fiscal Year
Severable vs. Non-Severable

                                                    Available Funding

 Base Period $ Amount

                                                    FM Approval
Total Value with Options

POC CERTIFICATION - My signature certifies that the stated
requirement specifically aligns with the Georgia Tech Research
Institute (GTRI) Core Competency selected above. It also certifies
that I have read the EW&A UARC Ordering Guide and the Contract   **REQUIREMENT APPROVAL AUTHORITY**
DD254, and will comply with the specifications.   (IPT Lead / Supervisor or Equivalent)

                                                                     FMS REQUIREMENT APPROVAL AUTHORITY
                                                                     (Chief, Electronic Warfare FMS)

Email Completed and Signed Form to EW&A GTARC UARC Program Office **AFLCMC.WNY.EWAUARC@us.af.mil**
Do Not Write Below This Line

EN - After review, it is determined that this requirement is   **Approval Authority** - **Comments** (if applicable)
Approved   **Disapproved** (Reason for Disapproval)   **Approved**   **Disapproved**

Validation of EN Approval   **Validation of Proper Approval Authority**

Request Approved Routing

PCO **Control Number**

FM **Date PR Created**

PM **Date Form Completed**

Form Revision: FMS - 3 Dec 2019