

OMNG PROJECT REQUEST

FY _____

(The proponent is NGB-ARI.)(Prescribing Directive is NGR 420-10.)

DATE _____

1. PROJECT

2. PROJECT NUMBER

3. LOCATION (City and State)

4. INSTALLATION (Name and Number)

5. CRITERIA:

Exception to Criteria

Capital Improvement:

Yes

No

6. PROGRAM OF PROJECT

- Sustainment
- Restoration
- Modernization
- Demolition

7. ACTIVITY OF PROJECT

- Maintenance
- Repair
- Construction
- Demolition

8. FISP DATA

Facility Number _____

Agreement Support Code _____

Cat. Code _____

Type FAC _____

Historic Status _____

9. TO BE ACCOMPLISHED BY:

- Contract
- Training Project
- Time and Materials
- Gvt. Furnished Material

11. PROJECT DESCRIPTION: (Include single line drawing; use reverse if necessary)

10. ESTIMATED COST/AMSCO

Design AMSCO: _____

Federal \$: _____

State \$: _____

Other \$: _____

Project AMSCO 1: _____

Federal \$: _____

State \$: _____

Other \$: _____

Project AMSCO 2: _____

Federal \$: _____

State \$: _____

Other \$: _____

SIOH AMSCO: _____

Federal \$: _____

State \$: _____

Other \$: _____

12. JUSTIFICATION: (Use reverse side if necessary)

See back page for details and cost estimation.

13. All environmental impacts have been assessed in accordance with 32 CFR Sec 651, Environmental Analysis of Army Impacts. I certify all environmental documentation requirements have been met.

Typed: _____ Name _____ Grade _____ Title _____ EPS (only) SIGNATURE: _____ DATE: _____

14. SUPPLEMENTAL CERTIFICATION: (Optional)

Typed: _____ Name _____ Grade _____ Title _____ SIGNATURE: _____ DATE: _____

15. CERTIFICATION: I certify that all entries are accurate and complete and that all Federal, State, and local statutory requirements have or will be satisfied.

Typed: _____ Name _____ Grade _____ Title _____ CMFO (only) SIGNATURE: _____ DATE: _____

16. USPFO APPROVAL:

Typed: _____ Name _____ Grade _____ Title _____ USPFO (only) SIGNATURE: _____ DATE: _____

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11. ADDITIONAL PROJECT DESCRIPTION:

12. ADDITIONAL JUSTIFICATION: