

EW&A GTARC UARC APPROVAL FORM

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?

If Yes, please provide Contract #

Yes No

Period of Performance

FUNDING

Type of Funds / Fiscal Year

Desired Award Date

Available Funding

Severable vs. Non-Severable

Total Value with Options

FM Approval

POC Name

POC Email

POC DSN

POC CERTIFICATION - My signature certifies that the stated requirement specifically aligns with the Georgia Tech Research Institute (GTRI) Core Competency selected above.

REQUIREMENT APPROVAL AUTHORITY (IPT Lead / Supervisor or Equivalent)

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
Approved Disapproved (Reason for Disapproval)

Approval Authority - Comments (if applicable)
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