Functional Area/ Responsible Organization - Principal Signature indicates there is no issue in functional area that precludes program from proceeding into next phase or next decision. If there is an issue in functional area, identify it in comment field. Please indicate support for Paper DAB or not by circling appropriate response.

1. Program is needed to meet warfighter requirements. Requirements are defined and appropriate.

 DJS/J-8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Requirements are achievable and reasonable. Acquisition Strategy is appropriate. Affordability requirements are defined and appropriate. Program is executable. Schedule is reasonable. Milestone/DAB requirements have been met.

 OIPT Lead\* Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* OIPT Leader will consolidate input from OIPT members to reflect complete effort.

3. Program is Fully Budgeted

 OUSD(C) Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Program is Fully Funded

CAPE/CA Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Risk is properly characterized and risk mitigation plans are in place. Program has appropriate systems engineering plans in place.

 DASD(SE) Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Technologies are on track with maturation plan.

ASD(R&E) Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Operational Test Plan is appropriate.

DOT&E Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Development Test Plan is appropriate.

DASD(DT&E) Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Logistics planning is appropriate and properly planned.

L&MR Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Contract structure is appropriate for program risk and to achieve program goals.

DP&AP Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Statutory requirements have been met or on track to support DAB.

OGC Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Program is needed and in accordance with Department of Defense Policy.

OUSD(P) Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Program is properly planning for training and personnel needs.

OUSD(P&R) Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Program is appropriately considering current threat requirements.

OUSD(I) Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Program is properly planning for information assurance and net ready requirements.

DoD CIO Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Program’s acquisition strategy, APB, are appropriate to support the DAB review.

ARA Date: Paper DAB: Yes or No

 Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_