date

MEMORANDUM FOR HQ USAF/A5/7DR

FROM: [MAJCOM-level Requirements Office]

SUBJECT: Request for Solution Pathway Review (SPR)

1. Request a SPR to support the [name of topic / program]
2. List of Participants: SPR decision meeting (if necessary) and notification of decision outcome should include the following:

|  |  |
| --- | --- |
| Representative (\* required) | Name |
| \*Sponsor Division Chief (required) | name, org, email, phone |
| \*Document Team Lead (required) | name, org, email, phone |
| \*Program Office PM (except for DCRs) | name, org, email, phone |
| \*Resourcing POC (required) | name, org, email, phone |
| \*HAF A5/7D CDT SME (required) | name, org, email, phone |
| Other key stakeholders | name, org, email, phone |
| Other key stakeholders | name, org, email, phone |
|  |  |

1. Program Manager who coordinated on SPR Worksheet [Enter name, org, email, phone]
2. Our Point of Contact is [Enter name, org, email, phone]

Signature block of MAJCOM level

Requirements Office O-6

*In general, edit only the items in blue font*

Contact your MAJCOM-level requirements office to review the draft SPR package and have their O-6 sign this request memo. They will then forward the package to the AF/A5/7DR*:*

We will review the package and contact you to schedule the meeting if we need to discuss.

Mandatory: Entrance criteria for AFGK SPR requires program manager coordination. Provide name/office symbol in paragraph 3 above.

*SUBMIT THE SPR WORKSHEET IN MS WORD FORMAT*

Delete this box before submitting.

**Attachment 1 - SOLUTION PATHWAY REVIEW (SPR) WORKSHEET**

This column is for AFGK use

|  |  |  |  |
| --- | --- | --- | --- |
| **BACKROUND INFORMATION** | | | **AFGK Remarks** |
| 1 | Who participated in building this worksheet / coordination of the SPR? | Program Manager – (mandatory)  AQ –  A8 –  HAF A5/7 CDT – |  |
| 2 | Operational Need | Background info on Operational Need |  |
| 3 | Previous Decision or Document, and date validated: | Previous operational need validated via (e.g., ICD, CDD, AFRDM, JROCM) |  |
| 4 | Sponsor Team Lead: | name, org, email, phone |  |
| 5 | HAF SME: | Air Force Futures Capability Development Team (CDT) |  |
| 6 | Key Stakeholders | List key organizations with interest or equity… especially those with adversarial or other oversight that might impact this effort |  |
| **PROPOSED SOLUTION PATHWAY** | | | **AFGK Remarks** |
| 7 | Proposed Solution Pathway and Associated Document: | e.g., JCIDS Pathway for an ICD, MTA using an RPRD, etc. |  |
| 8 | Next Decision-driver or Activity, and date | Next decision point or activity… and date (Milestone A, B, C, etc.) |  |
| 9 | What is the timeframe when the solution needs to be fielded or completed? | Explain how the timing of the solution development is consistent with the mission needs and the process or authority associated with the proposed pathway |  |
| 10 | Acquisition Program Office or DOTMLPF-P Functional OPR alignment: | Which program office and/or PEO (for materiel acquisition solutions) or which functional area process owner(s) (for non-materiel solutions) is this aligned |  |
| 11 | What are your current cost estimates? | Explain |  |
| 12 | Resourcing and Status: | Total funding, explain the source of funding (PE, etc.) and if unfunded/partial… will it be funded from an existing Mod Line, as a New Start, etc. |  |
| 13 | What are the key interdependencies with other AF or joint systems and solutions or other enablers? | Explain other program dependencies or enablers and any risks or adverse impacts they may pose to successful implementation of this proposed solution/pathway |  |
| 14 | Level of Joint Interest: Explain the Joint Equities, Joint Performance Requirements, and Joint Interoperability | JCB/JROC Interest, CCMD Stakeholder(s) – list everyone who might have equity in this effort |  |
| 15 | For non-JCIDS pathways, should any JCIDS type items be included in the document? | Explain if JCIDS type items should be included in the document (Interoperability attribute, Energy KPP, other mandatory KPPs, OV-1, architecture products, etc.) |  |
| 16 | What are the key roadblocks, constraints or other things that might get in your way? | Explain other issues and risks or adverse impacts they may pose to successful implementation of this solution/pathway |  |
| 17 | Classification or other special project considerations: | explain |  |
| **DOCUMENT DEVELOPMENT DETAILS** | | | **AFGK Remarks** |
| 18 | Proposed document writing team (DWT) membership (include office symbols or org names). Identify RMCT level B certified member on DWT.  Include all acquisition DWT members required for the requested solution pathway and document. Include the program manager, systems engineer, test, sustainment, and acquisition-intelligence analyst as appropriate. | name, org, email, phone  CDT Champion (required)  OAS member (recommended)  HAF A2/6 or MAJCOM A2/6 (recommended)  Program Manager, name, org, email, phone  Engineer, name, org, email, phone  Test, name, org, email, phone  Sustainment, name, org, email, phone  Acquisition-intel analyst, name, org, email, phone |  |
| 19 | Writing Event -- location, dates, and format (live or virtual), issues/concerns with support, funding, security, etc. | explain |  |
| 20 | Proposed Plan of Action & Milestone (POAM) with a timeline for completion of proposed document | explain |  |
| 21 | Other | Additional information, as required |  |