

DATA ITEM DESCRIPTION			Form Approved OMB No. 0704-0188	
1. TITLE Acquisition Streamlining Cost-Benefit Assessment Report		2. IDENTIFICATION NUMBER DI-MISC-80344		
3. DESCRIPTION / PURPOSE 3.1 This report provides contractor recommendations for acquisition streamlining based on analyzing the costs and benefits of the application and tailoring of specifications, standards, and related contract requirements. 3.2 The Government uses this information to determine whether such recommendations are to be authorized and incorporated into the program. This report compiles and summarizes those recommendations for use in establishing a baseline for the next acquisition phase.				
4. APPROVAL DATE (YYMMDD) 890209	5. OFFICE OF PRIMARY RESPONSIBILITY (OPR) D/OASD(P&L)(IPO)	6a. DTIC APPLICABLE	6b. GIDEP APPLICABLE	
7. APPLICATION / INTERRELATIONSHIP 7.1 This Data Item Description contains the format and content preparation instructions for the Acquisition Streamlining Cost/Benefit Assessment Report generated by the specific and discrete task requirement as delineated in the contract. 7.2 This DID is applicable in all contracts for all system acquisition programs requiring design, development, or production of new systems or modifications to existing systems that involve redesign of the system or subsystems. This DID should be applied and tailored in each contract phase to provide a mechanism for making timely program management decisions and to avoid making piecemeal decisions on individual recommendations.				
8. APPROVAL LIMITATION	9a. APPLICABLE FORMS	9b. AMSC NUMBER D4639		
10. PREPARATION INSTRUCTIONS 10.1 <u>Reference documents.</u> The applicable issue of the documents cited herein, including their approval dates and dates of any applicable amendments, notices, and revisions, shall be as specified in the contract. 10.2 <u>Format.</u> The report shall be in contractor's format (see Figure 1 for sample). 10.3. <u>Content.</u> The report shall contain the following information: 10.3.1 <u>Work Breakdown Structure (WBS) Element Numbers.</u> Where the WBS is adequately defined, indicate to which WBS element the recommended action applies. Use alphabetical suffixes for multiple items in the same WBS. 10.3.2 <u>Recommended Action.</u> Recommend application and tailoring of detailed specifications, standards, and related contract requirements. The recommendation should reference the existing contract requirement and state how the required should be applied and tailored in the subsequent plan phase of the acquisition cycle. Attach applicable contract provisions including all specification change notices (SCNs) with recommended revisions. See MIL-HDBK-248 for additional guidance. 10.3.3 <u>Impact.</u> Discuss the impact of the recommendation in terms of risk (technical, schedule, cost); production (schedule and cost); operations and support (capability and cost); and cost (indicate impact in general terms (high, medium, or low) and, where available, in terms of cost by applicable fiscal year(s) and allocation between Government and contractor.) 10.3.4 <u>Disposition.</u> Indicate whether the recommendation is approved, amended, or deferred, along with necessary elaborating comments. 10.3.5 <u>Cognizant Authority.</u> Provide authorization by both the Government and contractor for recommended action.				
11. DISTRIBUTION STATEMENT DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.				

10. PREPARATION INSTRUCTIONS (Continued)

FIGURE 1. ACQUISITION STREAMLINING COST/BENEFIT ASSESSMENT REPORT (SAMPLE FORMAT)

**A. WBS ELEMENT NUMBER(S):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. RECOMMENDED ACTION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICABLE CONTRACT PROVISIONS:** \_\_\_\_\_

**C. IMPACT:**

				<u>If yes, how?</u>
RISK	TECHNICAL	NO _____	YES _____	_____
	SCHEDULE	NO _____	YES _____	_____
	COST	NO _____	YES _____	_____
PRODUCTION	SCHEDULE	NO _____	YES _____	_____
	COST	NO _____	YES _____	_____
	OPERATIONS & SUPPORT			
CAPABILITY	COST	NO _____	YES _____	_____
	ESTIMATED COST IMPACT (in FYXX \$)	Gov't _____	Contractor _____	Joint _____

**D. DISPOSITION:**

	Gov't	Contractor	Comments
APPROVED	_____	_____	_____
AMENDED	_____	_____	_____
DEFERRED	_____	_____	_____

**E. COGNIZANT AUTHORITY:**

Gov't \_\_\_\_\_ Date \_\_\_\_\_  
 Contractor \_\_\_\_\_