

<b>INFORMATION MANAGEMENT REQUIREMENT/PROJECT DOCUMENT</b> For use of this form, see AR 25-1; the proponent agency is ODISC4				<b>REQUIREMENTS CONTROL SYMBOL CSIM-46</b>	
1. FY	2. MACOM/FOA	3. CURRENT DATE (YYYYMMDD)	4. DATE REQUIRED (YYYYMMDD)		
5a. UNIT NAME AND ADDRESS		6. RS NUMBER	7. RS TITLE		
		8. PROJECT NO	9. TDA/UIC NO		
5b. E-MAIL ADDRESS		10. REQUIREMENT (Check One) <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXPANSION			
		11. ID NO		12. TYPE	
5b. DODAAC		13. PRIORITY			
14. POC NAME AND ADDRESS		15a. TELEPHONE NUMBER (Commercial/DSN)		a. INSTALLATION	b. MACOM
		15b. FAX NO.		16. LOCATION OF EQUIPMENT	
14a. E-MAIL ADDRESS		17. IMA DISCIPLINE AND MAJOR PROGRAM INVOLVED			
17. IMA DISCIPLINE AND MAJOR PROGRAM INVOLVED a. <input type="checkbox"/> AUTOMATION <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> PUBLISHING <input type="checkbox"/> VISUAL INFORMATION <input type="checkbox"/> RECORDS MANAGEMENT <input type="checkbox"/> LIBRARIES b. MAJOR PROGRAM:		18. SHORT TITLE OF REQUIREMENT/PROJECT			
		19. AMOUNT OF FUNDS (Enter figure in appropriate box(es))		OMA	OPA
a. Nonrecurring/one-time costs					
b. Annual recurring/operating/support costs					
c. Number of years needed					
d. TOTAL DOLLARS REQUIRED					
20. SECURITY REQUIREMENTS					
21. SPECIFIC SERVICE REQUIREMENT(s)					
22. DESCRIPTION OF EQUIPMENT AND NUMBER UNITS REQUIRED (If more space is needed, attach sheet with item number indicated.)					
23. FUNCTION TO BE PERFORMED (If more space is needed, attach sheet with item number indicated.)					
24. INTEROPERABILITY REQUIRED (If more space is needed, attach sheet with item number indicated.)					

25. MISSION/PROJECTED SUPPORTED *(If more space is needed, attach sheet with item number indicated.)*

26. PROJECTED UTILIZATION FACTORS *(If more space is needed, attach sheet with item number indicated.)*

27. COST SAVINGS/AVOIDANCE *(If more space is needed, attach sheet with item number indicated.)*

28. MAINTENANCE  a. IN-HOUSE  b. INTERSERVICE SUPPORT AGREEMENT *(Specify)*

c. ANNUAL COST	d. CONTRACT NUMBER	e. OTHER MAINTENANCE SOURCE <i>(Specify)</i>
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29. IMPACT IF NOT RECEIVED/ADVANTAGES *(If more space is needed, attach sheet with item number indicated.)*

30. ITEMS TO BE REPLACED/DISPOSED OF

a. EQUIPMENT DESCRIPTION

b. CONDITION

c. MANUFACTURER/MODEL/SERIAL NO

31. APPROVING AUTHORITY

a. TYPED NAME, GRADE OR TITLE

b. TELEPHONE  
*(Comm/DSN)*

c. SIGNATURE