

**PROPONENT MANAGEMENT INFORMATION REQUIREMENT REVIEW**

For use of this form, see AR 335-15; the proponent agency is OACSIM.

*REQUIREMENT CONTROL  
SYMBOL CSIM-16*

1. THRU (MICLO) (Include ZIP Code)

2. TO (MICO with jurisdiction)  
(Include ZIP Code)

3. FROM (Proponent office)  
(Include ZIP Code)

**SECTION A - REQUIREMENT IDENTIFICATION**

4. MANAGEMENT INFORMATION REQUIREMENT TITLE AND RCS

5. PRESCRIBING DIRECTIVES AND FORMS (If different than DA Pam 335-11 and supplements)

a. DIRECTIVES

b. FORMS

6a. REQUIREMENT SCHEDULED FOR RESCISSION  YES (Indicate date  
do not complete the remainder of this form)  NO

b. REQUIREMENTS SCHEDULED FOR REVISION  
 YES (Explain in item 11)  NO

**SECTION B - COST AND WORKLOAD ESTIMATES**

PREPARING AGENCY ESTIMATES OF ANNUAL WORKLOAD AND COSTS FOR THIS REQUIREMENT ARE SUMMARIZED BELOW ON LINE 7. IF YOUR CURRENT ESTIMATES VARY OVER 10 PERCENT FROM LINE 7, INDICATE THAT ESTIMATE ON LINE 8.

a. ANNUAL SUBMISSIONS	b. ANNUAL MAN-HOURS	ANNUAL COSTS					
		c. PERSONNEL	d. ADP	e. MATERIAL	f. OTHER	g. OVERHEAD	h. TOTAL
7.							
8.							

9. DO THE BENEFITS OF THIS REQUIREMENT EXCEED THE COST BURDEN ON LINE 7 OR 8.

YES     NO     BENEFITS CANNOT BE COST QUANTIFIED, BUT DATA REMAIN ESSENTIAL AFTER CONSIDERATION OF COSTS

**SECTION C - COMMENTS/REMARKS**

10. COMMENTS

COMMENTS 1 THROUGH \_\_\_\_\_ ARE ATTACHED FOR YOUR REVIEW. FOR EACH ATTACHED COMMENT INDICATE EITHER:

- a. COMMENT NO. \_\_\_\_\_ IS VALID AND CHANGES WILL BE MADE TO REQUIREMENT BEGINNING \_\_\_\_\_, OR
- b. COMMENT NO. \_\_\_\_\_ IS NOT VALID BECAUSE: (Use reverse or additional sheets as required).

11. REMARKS (Use reverse or additional sheets as required)

12. PROPONENT ACTION OFFICER (Name and signature)

a. OFFICE SYMBOL

b. TELEPHONE NUMBER

c. DATE (YYMMDD)