NOTE: This checklist must be completed by a country representative and returned to USASAC-RA. TACOM SAMD will not be able to develop the various Service connected documents and cost data unless this checklist is accurately and fully completed in a timely manner not to exceed 30-days. Please use an attachment if needed.

The information provided on this checklist supports the TACOM Commanders Guidance to reduce contracting delays by accurately understanding the Countries requirements during LOA Development! The responsibility to coordinate and obtain this information rests with USASAC-RA County Program Manager (CPM).
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HOWITZER Letter of Request (LOR) Checklist   Date:

Name of Country_____   Name of SAO--POC_____

Telephone Number_____   Email address_____

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1. **Desired Howitzer and Quantity Required/requested**.

Howitzer	Nomenclature	QTY

   M119   105mm Lt. Towed Howitzer   ____

       Select one: Overhaul ____ New production ___ (overhaul decreases cost and lead time)

   M777   155mm Lightweight Towed   ____

   Non-Standard (Please Specify) _____   ____

   a) Please provide the **specific Howitzer density and location (City or Military Base) by Model type(s) and Quantities**. Please specify on attached memorandum/letter if needed

   Model: _____   QTY: _____   Location (City):_____

   Model: _____   QTY: _____   Location (City):_____

   Model: _____   QTY: _____   Location (City):_____

   Model: _____   QTY: _____   Location (City):_____

   Model: _____   QTY: _____   Location (City):_____

   Model: _____   QTY: _____   Location (City):_____

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2. **Configuration Development**

   a) **Paint Color.** (Note: Additional cost for colors other than CARC 383 Green)

   _____CARC 686 Desert Tan

   _____CARC 383 Green (Current USG Default Color)

_____CARC 33531 SANDSTONE

_____Other (Special Request)

b) **Prime Mover:** Will you be using a recommended Prime Mover from the list below:
Yes _____   No _____If not specify_____
(Using an unlisted Prime Mover will lead to additional development and hardware costs)

Recommended PRIME MOVERS:

- **M777 Series**
  - MTVR (Marines)
  - FMTV M1083
  - M939 Series

- **M119 Series**
  - HMMWV M1097A2
  - HMMWV M1152A2

Note: Current USG standard is two vehicle per gun for M119 and M777.

c) **Air Lift:** Is air lift capability required? Yes___ No___

d) **Ammunition:** What ammunition will be fired from the system? US____Non-US_____
   a. If US do you wish to receive firing tables? YES _____ QTY_____ NO____
   b. If Non-US please specify _____
   c. If Non-US, will firing table development be part of the case? YES _____ NO_____

e) **Fire Control** (Note: All requests have to be reviewed/approved for exportability)
   a. Optical Fire Control: Specify bearing_____ or deflection _____ method of lay.
   b. What system is used for command and control?
      AFTADs (specify version) _____   Other (Indicate)_____
   c. If available, is a Digital Fire Control System requested? YES____ NO_____
      i. If selected, what digital fire control capability is requested (aiming and pointing, execution of firing data generated off carriage, on board ballistic computation)? _____

   d. **Radio:** What type of radio is utilized?
      i. SINCGARS _____ Harris_____ Other (specify)_____
      ii. Indicate model number _____
      iii. What wave forms are utilized? _____

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3. **Additional Material/Services**
   a) **Spare Parts.** Do you want Spare Parts: Yes / No (Please Circle)

   How many years of Spare Parts support do you require? 1 Year____2 Yrs____3 Yrs____

   b) **Tools**.
      a. Mandatory Tool Set Quantity Computation (NOTE: Minimum of one set of tools recommended per maintenance location regardless of HOWITZER quantity):

      How many Maintenance Locations? : _____

    b.   Do you need OFC test equipment/ diagnostic tools?

        ____Yes or No_____   QUANTITY requested: _____

    c.   Do you need a General Mechanics Took Kit for each mechanic?

        ____Yes or No_____   QUANTITY requested: _____

c) **Technical Manuals.** Two copies of Standard English HOWITZER Technical Manuals (TM) and CD-ROM will be provided with each FMS case. One Operator's Manual will be over packed with each HOWITZER:

    a.   How many additional sets of Technical Manuals are required? _____

    b.   How many additional CD-ROM are required? _____

    c.   Language if translation is desired: _____

    d.   Are any other training aids requested (please specify) _____

d) **Maintenance and Operator Training Services.** Standard training program consists of an Operator and Maintenance (organizational, direct support, and general support) training course.

    a.   Do you want the standard training program?   YES_____ NO_____

    b.   If you prefer a tailored program, please specify on attached memorandum/letter:

    c.   Do you prefer training in your country (OCONUS) or (CONUS) the United States?

        i.   If OCONUS Specify location _____

        ii.   Include transportation and lodging assistance (TLA) if CONUS: YES/NO

    d.   Will this be a train the trainer program? YES_____ NO_____

    e.   Total Number of Students Operator Training _____?

    f.   Total Number of Students Maintenance Training _____?

    g.   Students' level of experience:

        i.   ___ Operator level: Artillery Crew Experience
        ii.   ___ Repair Facility: Mechanic Background
        iii. ___ Other relevant experience: _____

    h.   Is English language acceptable? YES   or NO

        If no, what <u>language and dialect</u> is desired? *Example*: Arabic-Farsi.

e) **Field Service Representative SERVICES.** A Field Service Representative (FSR) can deliver and assist with Howitzer deprocessing and maintenance support.

a. Do you want a Field Service Rep? ___Yes or ___No. How many months? _____

b. The FMS Country will provide the Field Service Representative the following:

1.	Maintenance Facility(s), location and access	Yes_____	No ____
2.	Tools and Diagnostic Equipment	Yes_____	No ____
3.	Overhead lift capability	Yes_____	No ____
4.	Repair Parts & Special Tools and Test Equipment	Yes_____	No ____
5.	Internet access	Yes_____	No ____
6.	Interpreter Support for multiple locations	Yes_____	No ____
7.	Secure Transportation	Yes_____	No ____
8.	Secure Lodging	Yes_____	No ____
9.	Physical Security for the FSR Team	Yes_____	No ____

f) **Quality Assistance Team (QAT).** Do you desire a USG/contractor team to assist de-process these howitzers upon arrival and to insure all are operating correctly and in accordance with the LOA? NOTE: QAT Team for all OCONUS Travel will be minimum of two (2) members.

a. Request QAT at Original Equipment Manufacturer(s) (OEM(s)) in addition to the DCMA Acceptance Inspection?

YES   or   NO

b. Requests QAT at CONUS Port of Embarkation (POE)?   YES   or   NO

c. Requests QAT at OCONUS Port of Debarkation (POD)?   YES   or   NO

d. Requests QAT at OCONUS In-country Final Destination?   YES   or   NO

Please identify any other unique requirements not specified above _____.

Source Direction for the requested Howitzers and Services? If yes, please list name of contractor(s)

_____

Note: There are many suppliers for support and if the customer prefers the Original Equipment Manufacturer (OEM) a request for sole source in accordance with the SAMM needs to be furnished for acquisition execution prior to LOA submission. A source designation from country helps speed up the acquisition process.

CONSTRAINTS? (COST LIMITATION, DATES, HOLIDAYS)

_____

TYPICAL "WORK DAY/WORK WEEK" IN HOST COUNTRY:

Number of hours per day _____   Number of days per week_____   Days off: _____

CUSTOMER INSPECTION-COORDINATOR/COTR (please provide 2 POCs)

PRIMARY: ALTERNATE:

Name: _____   NAME: _____

Email: _____   Email: _____

Phone _____   Phone: _____
(include country/city code)

Fax number) _____   Fax number: _____

Cell/Mobil phone: _____   Cell/mobile phone: _____