

CONTRACTOR-FURNISHED TRAINING CHECKLIST (Revised 24 January 2007)

FMS CASE _____ END ITEM _____ EST DELIV DATE _____

1. TYPE(S) OF TRAINING REQUIRED:

- a. OPERATOR _____ NO. OF STUDENTS _____ (detailed questions in 8 below)
- b. MAINTENANCE _____ NO. OF STUDENTS _____ (detailed questions in 9 below)
- c. OTHER (describe below in para 10) _____ NO. OF STUDENTS _____

2. Is Sole Source procurement needed by the customer? _____ Yes _____ No

If Yes, please provide name of contractor _____.

Note: Customer must submit Sole Source justification to USASAC prior to LOA submission.

3. CONUS _____ OR IN-COUNTRY? _____ IF IN COUNTRY, answer below:

- a. Specific location where training is to be conducted: _____

- b. Is customer supplying the facility and/or equipment (i.e., vehicles) for the training, or is the contractor required to rent a facility, bring equipment? _____
- c. How far are the accommodations from the training site? _____
- d. _____ Will the customer/SAO be transporting the trainers to/from the airport, hotel and/or training site, OR _____ will the trainers need to arrange for a rental car and drive themselves?
- e. What airport would trainers be coming in to? _____
- f. What is the "ship to" address where training aids, consumables and/or training manuals/documents should be sent? (cannot be a PO/APO address):

4. CONSTRAINTS? (COST LIMITATION, DATES, HOLIDAYS) _____

5. PRIMARY LANGUAGE(S) OF STUDENTS: _____

ARE STUDENTS CONVERSANT IN ENGLISH (Can class be taught in English?)

English comprehension level of students? _____

If students cannot be taught in English:

- _____ Will customer provide interpreter(s), or
- _____ will contractor be required to hire instructors/interpreters who can communicate in that language?

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

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

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

PRIMARY:

Name: _____

ALTERNATE:

NAME: _____

Email: _____ **email:** _____

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

Fax number) _____ **Fax number:** _____

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

8. OPERATOR TRAINING: (from question 1a)

Students' level of experience operating the equipment he is being trained to operate:

- ____ No experience
- ____ Some (____ months) of experience with this general type of equipment.
- ____ Years (____) of experience with this general type of equipment.
- ____ Months/years of experience with the **specific** type of equipment being acquired.

9. MAINTENANCE TRAINING: (from question 1b)

a. Students' level of experience maintaining the equipment he is being trained to maintain:

- ____ Operator level: Check oil, fuel, tires
- ____ Garage level: Change the oil, repair a tire, change the belts, bulbs, etc.
- ____ Repair Facility: Overhauling engines etc.
- ____ Other relevant experience: _____

b. State the level of proficiency which you require the students to be at the end of the course:

- ____ Operator level: Operate the item, Check oil, fuel, tires
- ____ Garage level: Change the oil, repair a tire, change the belts, bulbs, etc.
- ____ Repair Facility: Overhauling engines etc.
- ____ Other _____

10. OTHER TRAINING: (from question 1c) **Attach separate sheet with DETAILED description of the following:**

- a. Specific areas of instruction and objectives of each training segment
- b. The proficiency you expect the students to attain by the end of training
- c. The current levels of expertise of the students to be trained

11. If the customer desires a specific contractor to perform the training, sole source procurement must be requested and justified IAW the SAMM, DoD 5105.38-M, Chapter C6.3.4 and Table C6.T2; otherwise, this will be a competitive procurement. Does the customer have a specific contractor in mind to conduct this training?

12. POC for the information on this Checklist: NAME: _____ Date: _____

email: _____ Phone: _____