Findings and Treatment

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**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Nomination of Contract Representative
* Sole Source Letter (if follow-on)
* Past Performance Evaluation (if follow-on)

**Crucial Documents**

* Determination Decision Document (if A&AS)
* Statement of Work
* Independent Government Cost Estimate
* AF Form 9
* Contract Security Classification (DD254)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | To | Action | Signature (Surname), Grade, Date | |  | To | Action | Signature (Surname), Grade, Date |
| 1 | XPM | Coord |  | | 6 | CE | Coord | (only if ktr uses gov’t bldg space) |
| 2 | LGC | Coord |  | | 7 | DS | Coord | (only if ktr uses gov’t space) |
| 3 | JA | Coord |  | | 8 | CC or CV | Approve | (If over $50,000) |
| Grade and Surname of Action Officer | | | | Symbol | | Phone | | Suspense Date |
| Subject  Requirements Package for SETA Services | | | | | | | | SSS Date |

**Name of hospital: ---------------------------------------------------------------**

**Hospital Executive Summary**