



DEPARTMENT OF THE AIR FORCE  
WASHINGTON, DC

Office of the Under Secretary

7 September 2000

MEMORANDUM FOR SEE DISTRIBUTION

FROM: SAF/IAX  
1080 Air Force Pentagon  
Washington DC 20330-1080

SUBJECT: Additional Information to Accompany Foreign Military Sales (FMS) Cases with  
Manpower Lines (IAX 00021)

REF: DSCA Memo DSCA 00-12, dated 7 August 2000; Subject: Information to  
Accompany Foreign Military Sales (FMS) Cases with Manpower Lines

Reference document directed the MILDEPs provide a Letter of Offer and Acceptance (LOA) Manpower and Travel Data Sheet with LOA documents presented to DSCA for countersignature effective 11 Sep 00. Recent GAO audits, as well as problems discovered during DSCA review of LOAs have highlighted problems and inconsistencies in the way case-funded manpower has been applied.

The attached LOA Manpower and Travel Data sheet was developed by DSCA to more clearly define the total manpower and funds required to execute an FMS case and to provide reporting consistency among the MILDEPs. Please note that the new reporting requirement extends to all case-funded manpower and not just program management line items.

MAJCOMs will continue to develop FMS Manpower Requirements Packages (MRPs) and Travel Estimate Worksheets (TEWs) and forward the complete package to SAF/IAX for approval. Additionally, MAJCOM Manpower Offices are responsible to ensure the MRP is complete and includes the TEW and LOA and Travel Data Sheet prior to submission for SAF/IAX action. The MRP cannot be approved without the LOA and Travel Data Sheet, so please ensure all documentation is attached before submitting to SAF/IAX.

DSCA and the MILDEPs continue efforts to refine an activities matrix which will define case funded manpower including Program Management, Other Services, Technical Services, ect.

We anticipate the project will be complete in the near future and that DSCA will issue appropriate guidance to the MILDEPs. You will be advised appropriately and these new requirements will be included in the forthcoming revision of AFMAN 16-101.

If you have any questions or require clarification please contact Ms. Sonja Patch, DSN 425-8961, (703) 588-8961, (Fax) 425-8999, (Email) [sonja.patch@pentagon.af.mil](mailto:sonja.patch@pentagon.af.mil).



TERRY BATES  
Chief, Policy Division  
Deputy Under Secretary, Int'l Affairs

**Attachments**

1. DSCA Memo
2. LOA Manpower and Travel Data Sheet

**DISTRIBUTION:**

See Attached



DEFENSE SECURITY COOPERATION AGENCY

WASHINGTON, DC 20301-2800

07 AUG 2000

In reply refer to  
I-00/009518

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MEMORANDUM FOR DEPUTY UNDER SECRETARY OF THE ARMY  
(INTERNATIONAL AFFAIRS)  
ATTN: SAUS-IA-DSZ  
DEPARTMENT OF THE ARMY

COMMANDER, UNITED STATES ARMY SECURITY  
ASSISTANCE COMMAND

DIRECTOR, NAVY INTERNATIONAL PROGRAMS OFFICE  
DEPARTMENT OF THE NAVY

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DIRECTOR, DEFENSE INFORMATION SYSTEMS AGENCY

DIRECTOR, DEFENSE LOGISTICS INFORMATION SERVICE

DEPUTY DIRECTOR FOR SECURITY ASSISTANCE,  
DEFENSE FINANCE AND ACCOUNTING SERVICE -  
DENVER CENTER

SUBJECT: Information to Accompany Foreign Military Sales (FMS) Cases with Manpower  
Lines (DSCA 00-12)

Recent GAO audits, as well as problems discovered during our Letter of Offer and Acceptance (LOA) review processing, have highlighted problems and inconsistencies in the way case-funded manpower is applied. At the March 2000 Counterparts meeting we distributed a proposal addressing this issue for your review and comment. The information provided in March was two-fold: (1) a matrix which identified manpower-related activities by funding category, and (2) a sample spreadsheet which identified data we will require for LOA review of case-funded manpower.

We hosted a tri-service meeting on 31 May 00 to discuss your comments and concerns. Most of the discussion focused on the sample spreadsheet and each MILDEP expressed concern about the amount of data being requested. As a result of this meeting, we agreed to re-validate our requirements for the backup data. We also agreed to evaluate the products that each MILDEP currently uses for its internal review of manpower lines, to see if any of the existing products would suffice. Our review of the products revealed that they vary drastically from MILDEP-to-MILDEP and do not capture all the data we need. While we are hopeful that DSAMS will eventually provide the information needed, a spreadsheet is necessary to capture the data in the interim. In response to the feedback received, we have revised our initial spreadsheet to include only those items DSCA deems essential for our review of the LOA documents. This is attached for your use in submitting LOA packages for countersignature.

Please note that this requirement extends to all case-funded manpower and not just for manpower included on program management line items. This information will allow us to enforce consistency across the MILDEPs and assist you in ensuring costs are included in appropriate line items. While we appreciate the effort involved to initialize this requirement, we see the benefit of a quicker LOA turn-around and fewer case rejects. Effective 11 Sep 00, a completed spreadsheet must be submitted with the countersignature package for all cases that contain case-funded manpower.

We are also proceeding with further refinement of our activities matrix with the participation of your selected MILDEP representatives. Our next meeting is scheduled for 17 Aug 00. I am confident that together we can reach resolution.

For an electronic version of the attachment, please contact either Lisa Gold ([lisa.gold@osd.pentagon.mil](mailto:lisa.gold@osd.pentagon.mil)) 703-601-3850 or Beth Baker ([beth.baker@osd.pentagon.mil](mailto:beth.baker@osd.pentagon.mil)). 703-604-6612



**MICHAEL S. DAVISON, JR.**  
**LIEUTENANT GENERAL, USA**  
**DIRECTOR**

Attachment: a/s

## LOA Manpower and Travel Data Sheet

**A. Personnel**

| Position/Function | Grade/Rank/Contractor | Location | Line Item on LOA | Manyears of Effort | Duration (From/To) | Total Salary |
|-------------------|-----------------------|----------|------------------|--------------------|--------------------|--------------|
|                   |                       |          |                  |                    |                    |              |
|                   |                       |          |                  |                    |                    |              |
|                   |                       |          |                  |                    |                    |              |
|                   |                       |          |                  |                    |                    |              |
| <b>Total:</b>     |                       |          |                  |                    |                    |              |

**B. Travel**

| Purpose of Trip | CONUS or In-Country? | Line Item on LOA | Number of Trips for this Purpose | Duration of Each Trip | Number of People for Each Trip | Total Cost |
|-----------------|----------------------|------------------|----------------------------------|-----------------------|--------------------------------|------------|
|                 |                      |                  |                                  |                       |                                |            |
|                 |                      |                  |                                  |                       |                                |            |
|                 |                      |                  |                                  |                       |                                |            |
|                 |                      |                  |                                  |                       |                                |            |
| <b>Total:</b>   |                      |                  |                                  |                       |                                |            |

**C. Personnel Support Costs (i.e., office space, equipment, furniture, communications, supplies, etc.)**

| Type of Support | Total Cost |
|-----------------|------------|
|                 |            |
|                 |            |
|                 |            |
| <b>Total:</b>   |            |

**D. Narrative Description:** (Use this section to describe the life of any Program Management Lines (PMLs) in relation to the delivery schedule of the item(s). Provide the number of months of PML support beyond final delivery and any supporting information.)

**E. Additional Comments:**

**F. Point of Contact for Further Information Regarding Manpower on this Case:** (Name, organization, phone number, e-mail address)

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