

REQUIRED BOX LABEL

*Activity Contact (Please fill in the following):*

**Agency:** **DEPARTMENT OF DEFENSE**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Name of Base, i.e. Pentagon, JB Andrews, etc)**

**Component: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Select One - Army, Navy, Air Force, or 4th Estate)**

**Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Organization’s Name)**

POC Name for Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POC Phone / Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DoDFedsFeedFamilies@cpms.osd.mil

<http://www.defense.gov/fedsfeedfamilies/>

(Attach this to collection box using STRONG tape)