

Example DD Form 2936 Action Package

DoD Internal Information Collections Team
Washington Headquarters Service,
Executive Services Directorate, Directives
Division



Updated 25 August 2012

REQUEST FOR APPROVAL OF DoD INTERNAL INFORMATION COLLECTION
 (Read Directive-Type Memorandum 12-004, "DoD Internal Information Collections" before completing this form.)

1. CLASSIFICATION OF COLLECTION		2. DATE OF REQUEST (YYYYMMDD)	3. TYPE OF REQUEST (Select one)	
<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Unclassified	20120813
		<input checked="" type="checkbox"/> New	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Revision
<input type="checkbox"/> Extension				

4. PRESCRIBING DOCUMENTS			
a. DoD ISSUANCE DoD 8910.1-M	b. STATUTE OR LAW 10 USC 1234	c. INTERAGENCY DOCUMENT Secretary of State Memo	d. OTHER DOCUMENTS Secretary of Defense Memo 1/2/2013

5. INFORMATION COLLECTION DATA	
a. TITLE OF INFORMATION COLLECTION Example of a DoD Internal Information Collection Request	b. EXISTING RCS/OMB CONTROL NUMBER (If applicable) DD-DA&M(A)1234 and OMB control number 0123-4567
c. DURATION OF COLLECTION Five Years	d. FREQUENCY OF COLLECTION Quarterly
Specify Other:	Specify Document:

e. RELATED INFORMATION COLLECTION(S) (If applicable) DD-DA&M(A)1234 and OMB control number 0123-4567	f. FORM NUMBER(S) (If applicable) DD Form 2936 and DD Form 2936-1	g. TYPE OF COLLECTION INSTRUMENT(S) (Select all that apply and attach a copy of the collection instrument) <input type="checkbox"/> Form <input type="checkbox"/> Report <input checked="" type="checkbox"/> Survey <input checked="" type="checkbox"/> Website <input checked="" type="checkbox"/> Information System <input type="checkbox"/> Focus Group Protocol <input checked="" type="checkbox"/> Other Database
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6. REQUESTING COMPONENT INFORMATION	
a. ORGANIZATION NAME AND DIRECTORATE Directives Division, Executive Services Directorate, Washington Headquarters Services, Director of Administration and Management	

7. JUSTIFICATION STATEMENT	New Justification Statement
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8. COORDINATION		
	(1) APPLICABLE? (Yes/No)	(2) REMARKS (Enter applicable remarks related to coordination)
a. PRIVACY OFFICIAL	Yes/Attached	All surveys must be coordinated with the OSD Privacy Official
b. RECORDS MANAGER	Yes/Attached	Contact your IMCO if you do not know your records POC
c. CIO	Yes/Attached	CIO coordination is necessary for ICs using electronic media (e.g., SurveyMonkey, repositories)
d. OUSD(P&R)/Director, DMDC (Surveys)	Yes/Attached	DMDC will route the approval package to OSD privacy and HRPP as necessary
e. HRPP OFFICIAL	Yes/Attached	HRPP is only necessary for human research (focus groups)
f. FORMS MANAGER	Yes/Attached	Forms coordination is necessary if the information should be controlled as an official form

9. RESPONDENT(S) COORDINATION			
a. DoD COMPONENT Army (complete this even if coordinating with an issuance)	b. COST TO RESPONDENT \$1,600.00 (complete this even if coordinating with an issuance)	c. NAME OF POINT OF CONTACT (POC) Not necessary if coordinating with the prescribing issuance	d. OFFICIAL TITLE OF POC Not necessary if coordinating with the prescribing issuance
e. POC EMAIL ADDRESS Not necessary if coordinating with the prescribing issuance	f. CAPE ID NUMBER (If applicable) 5-A61D962 (complete this even if coordinating with an issuance)	g. POC/RESPONDENT'S SIGNATURE	

10. ESTIMATED COST OF INFORMATION COLLECTION (Attach copy of the CAPE summary)				
a. REQUESTER'S CAPE ID NUMBER 5-A61D962	b. FISCAL YEAR(S) 2012-2013	c. TOTAL COST TO RESPONDENT(S) \$6,400.00 (sum of sections 9b)	d. TOTAL COST TO REQUESTER \$1,290.00	e. TOTAL COST OF COLLECTION \$7,690.00 (sum of 10c & d)

11. ATTACHMENTS (Select from the drop down menu or type a description of the attachment in the drop down box)	
	ATTACHMENT DESCRIPTION
ATTACHMENT 1	Prescribing statute or law (section 4b), prescribing Interagency document (section 4c), prescribing other document (section 4d)
ATTACHMENT 2	Collection instrument (section 5g)
ATTACHMENT 3	Copies of privacy, records, CIO, DMDC, HRPP, and Forms coordination (section 8)
ATTACHMENT 4	Justification statement (section 7) - You can also type your own description in this drop down box
ATTACHMENT 5	CAPE summary and methodology statement (section 9 and 10)

12. ACTION OFFICER CONTACT INFORMATION	
a. TYPED NAME AND TITLE DoD Internal Information Collections Team	b. EMAIL ADDRESS dod.internal.collect@whs.mil

13. REQUESTING COMPONENT APPROVING/ENDORING OFFICIAL			14. DoD COMPONENT INFORMATION MANAGEMENT CONTROL OFFICER	
a. NAME My Component's SES (or higher)	b. OFFICIAL TITLE Section 13 is not necessary if...	c. SIGNATURE ... coordinating with the issuance	a. IMCO TYPED NAME This section and signature is ALWAYS applicable	b. IMCO SIGNATURE
			<input type="checkbox"/> Expedited/Emergency Approval Request	

15. FOR USE BY DoD INTERNAL INFORMATION COLLECTIONS OFFICER ONLY				
a. RCS	b. OMB CONTROL NUMBER	b. EXPIRATION TYPE	c. IICO SIGNATURE	d. DATE SIGNED (YYYYMMDD)
		Expiration Date (YYYYMMDD)		

SAMPLE

9. RESPONDENT(S) COORDINATION CONTINUED			
a. DoD COMPONENT Navy (complete this even if coordinating with an issuance)	b. COST TO RESPONDENT \$1,600.00 (complete this even if coordinating with an issuance) +	c. NAME OF POINT OF CONTACT (POC) Not necessary if coordinating with the prescribing issuance	d. OFFICIAL TITLE OF POC Not necessary if coordinating with the prescribing issuance
e. POC EMAIL ADDRESS Not necessary if coordinating with the prescribing issuance	f. CAPE ID NUMBER (If applicable) 5-A61D962 (complete this even if coordinating with an issuance)	g. POC/RESPONDENT'S SIGNATURE	
a. DoD COMPONENT Air Force (complete this even if coordinating with an issuance)	b. COST TO RESPONDENT \$1,600.00 (complete this even if coordinating with an issuance) +	c. NAME OF POINT OF CONTACT (POC) Not necessary if coordinating with the prescribing issuance	d. OFFICIAL TITLE OF POC Not necessary if coordinating with the prescribing issuance
e. POC EMAIL ADDRESS Not necessary if coordinating with the prescribing issuance	f. CAPE ID NUMBER (If applicable) 5-A61D962 (complete this even if coordinating with an issuance)	g. POC/RESPONDENT'S SIGNATURE	
a. DoD COMPONENT USD(P&R) (complete this even if coordinating with an issuance)	b. COST TO RESPONDENT \$800 (complete this even if coordinating with an issuance) +	c. NAME OF POINT OF CONTACT (POC) Not necessary if coordinating with the prescribing issuance	d. OFFICIAL TITLE OF POC Not necessary if coordinating with the prescribing issuance
e. POC EMAIL ADDRESS Not necessary if coordinating with the prescribing issuance	f. CAPE ID NUMBER (If applicable) 5-A61D962 (complete this even if coordinating with an issuance)	g. POC/RESPONDENT'S SIGNATURE	
a. DoD COMPONENT USD(AT&L) (complete this even if coordinating with an issuance)	b. COST TO RESPONDENT \$800 (complete this even if coordinating with an issuance) +	c. NAME OF POINT OF CONTACT (POC) Not necessary if coordinating with the prescribing issuance	d. OFFICIAL TITLE OF POC Not necessary if coordinating with the prescribing issuance
e. POC EMAIL ADDRESS Not necessary if coordinating with the prescribing issuance	f. CAPE ID NUMBER (If applicable) 5-A61D962 (complete this even if coordinating with an issuance)	g. POC/RESPONDENT'S SIGNATURE	
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Example CAPE summary and methodology statement

Corresponds to a section number on the example DD Form 2936

<https://www.cape.osd.mil/?action=ajaxGetSummaryReport&guid=5-A61D962>

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This email, and any files transmitted with it, may contain proprietary or competition sensitive information and is intended solely for the use of Department of Defense to whom addressed. Unauthorized disclosure may result in civil or criminal penalties. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. In addition, if you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error please notify the Cost Guidance Support Group at cost.guidance.support@osd.mil immediately and delete this e-mail from your system.

Preparation of this report/study cost the Department of Defense a total of approximately \$7,690 in Fiscal Years 2012 - 2013.
Generated on 20120801 RefID: 5-A61D962

Bookmark this Cost Worksheet to gain instant access in the future by right-clicking the 'Reference' ID link above and selecting 'Add to Favorites' from the popup menu. Type a new name for the bookmark if you want to, specify the folder that you prefer the bookmark to be saved in, and then click "Add". To access this in the future, simply find this bookmark in your 'Favorites' folder listed in the Internet Explorer toolbar.

1. Report/Study Title
Example for DoD Internal Information Collections Training Class 5a

2. Expected Publication Date	3. Report/Study Number	4. This Report/Study was funded and performed during Fiscal Years
2012-08-01	5b or 5f	2012 to 2013 10b

5. Name of Organization(s) Sponsoring the Report/Study
 Directives Division, Washington Headquarters Services, Director of Administration and Management 6a

6. Name of Organization Preparing the Cost Estimate
 Directives Division, Washington Headquarters Services, Director of Administration and Management 6a

7. This report/study is required to comply with DoD regulation: False 4a

8. This report/study is required to comply with Congressional direction False 4b

9. This report/study is required by law False 4b

10. List costs of all non-labor activities used to prepare and complete the report/study (i.e., contracts, printing, travel, etc.):

Contract/Task Order	Description	Units	Unit Amount	Actual Cost (\$K)
Contractor/FFRDC Costs	Contract # / one time cost to develop survey	1	\$1,000	\$1.0k
Other Costs	Cost to distribute survey (4 times per year)	4	\$100	\$0.4k
Subtotal:				\$1.4k 10d

11. Total Government Manpower Required for Oversight of Report/Study Execution

Oversight/Activity Description	Grade	Manpower Qualifier	Estimated Cost (\$K)
Study Activity Respondents Army	O-4	20	Man Hours \$1.6k
Study Activity Respondents Navy	O-4	20	Man Hours \$1.6k
Study Activity Respondents Air Force	O-4	20	Man Hours \$1.6k
Study Activity Respondents OUSD(P&R)	GS-12	20	Man Hours \$0.8k
Study Activity Respondents OUSD(AT&L)	GS-12	20	Man Hours \$0.8k
Subtotal:			\$6.3k 10c

13. Will this cost estimate data be required on a recurring basis? Yes 5c & 5d
13b Enter the frequency of this recurring: Quarterly 5d

To access the Cost Estimate again, use the following URL:
https://www.cape.osd.mil/costguidance/studycostworksheet_prod.asp?cn=5-A61D962&pn=97886

Each sections 9b

Example CAPE summary methodology statement

This survey will cost the Department of Defense \$7,690.00 per year. The survey will be administered to Army, Navy, Air Force, the OUSD(P&R), and the OUSD(AT&L) four times each year. We will survey 10 individuals in each DoD Component and it will take each respondent approximately 30 minutes to complete the survey. The cost to the owning Component to develop and administer this survey is \$100 each time the survey is administered. The initial contract cost to develop the survey is a one time cost of \$1000.