

DECISION SUMMARY FORM 1

Preparer's Name: _____
 Title: _____
 Telephone: _____
 Date Completed: _____

DEPARTMENT OF _____
 SUMMARY OF OMB CIRCULAR NO. A-76
 INVENTORY AND REVIEW SCHEDULE

	<u>Total Number of Activities</u> (1)	<u>Number of FTEs</u> (2)	<u>Total Number of Contracts</u> (3)	<u>Annual Cost of Contracts</u> (4)
I. <u>In-House Inventory</u>				
<u>As of:</u> _____				
.				
A. Activities of 10 FTEs or less	_____	_____	--	--
B. Activities over 10 FTEs	_____	_____	--	--
TOTAL A & B	=====	=====	--	--
 II. <u>Review Schedule - In-House and Contract, By Fiscal Year of Review</u>				
A. CY	_____	_____	_____	_____
B. BY	_____	_____	_____	_____
C. BY+ 1	_____	_____	_____	_____
D. BY+2	_____	_____	_____	_____
E. BY+3	_____	_____	_____	_____

1/ Include commercial activities exempt from review under paragraphs 8.a., 8.b., or 8.c. of the Circular.

2/ See footnote, page I-21.