ACP Form Instructions: Route up through appropriate chain of leadership. If of regional origin, DIRAUX must be included and then send to appropriate staff element. All ACPs must be routed thru ANACO-IT to chairman, RRB. If any endorser identifies a current method/capability that resolves the ACP, then notify the originator, indicate such in endorsement, and continue forwarding. (Version 1, 01 Sep 11). **To fill out form enter type in boxes below.**

Date:

From:

To: Chairman, AUXDATA Requirements Review Board (RRB)

Subj: AUXDATA CHANGE PROPOSAL (ACP

1. Change Proposal Title:

2. Change Proposal Objective (keep this singular – do not roll up multiple changes with multiple objectives):

3. Nature of Need (e.g., mandatory [Statute / Regulation / DHS / CG policy…cite mandate]; discretionary [national/regional Aux program support; yields economy of scale/efficiency/savings; increased alignment with Coast Guard policy]):

4. Primary Benefit to AUXDATA Users: (check box for the appropriate item on the appropriate line – for example, if a proposal is made to add the capacity to more clearly identify reporting chains among staffs and offices, then check the box for "organizational set-up & comms" on the second line.) **Type X in first box for all that apply and additional comments in second box.**

	Administrative: information gathering / inputting / reporting
	Administrative: organizational set-up & comms / profile information & reporting
	Administrative: personnel security / system security
	Training / Readiness: monitoring qualifications, competencies, skills
	Training / Readiness: monitoring currency & certifications
	Operational: surface / air / comms / Trident program-related activity
	Operational: RBS program-related activity / special operations program-related activity
	Non-operational: Support program-related activity (e.g., AUXCHEF / health services)
	Interaction with Other Info System: other system name -
	Other:

5. Detailed Description of Change Proposal:

>

6. Auxiliary National Staff Element(s) That Would Be Affected/Should be Involved:

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7. Other Auxiliary Programs That Would Be Affected/Should be Involved:

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8. Projected Impact(s) on Other Coast Guard and/or Auxiliary Information Systems/Programs / Policies:

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9. Impact(s) of Denial:

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10. Desired Implementation Date (month/year) and Rationale:

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Endorsements (include name / title):

1.	
2.	
3.	
4.	
5.	
6.	
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9.	
10.	
11+	Add additional here, as necessary: