ENGINEERING CHANGE PROPOSAL-SOFTWARE (ECP-S)
For use of this form, see TB 18-110; the proponent agency is DCSOPS.

(Check One) ___ PROBLEM REPORT X___ ECP-S

1. TO: CDR, USAISSDCL
ATTN: AMSEL-SE-IS-SDL-SC
Fort Lee, VA 23801

2. FROM: CDR, USAISSDCL
Fort Lee, VA 23801

3. ORIGINATOR NUMBER: C10B-511

4. POINT OF CONTACT (Name and Telephone No.): Jeanette Duncan 703-602-2444

5. PRIORITY (Check One if ECP-S): (X)EMER ( )URG ( )ROUTINE
PRIORITY 1( ) 2 (X) 3 ( ) 4 ( ) 5 ( )

6. APPLICATION CI BASELINE/VERSION

7. EXECUTIVE SW BASELINE/VERSION

8. PROBLEM DATE (YYMMDD)

9. JOB/CYCLE/PROGRAM ID

10. TITLE OF PROBLEM/CHANGE
UPDATE RPF CATEGORY TABLE

11. DESCRIPTION OF PROBLEM/CHANGE

a. The RPF Category Code Table does not match with the latest version of DA Pam 415-28. The current category code to Facility Category Group is not correct for category codes 17897 and 17895 as shown below:

CATCD	DESCRIPTION	FAC CAT GRP
17894	INF SQ BTL CSE	F17894
17895	IN SQ BTL AUTO	F17894
17896	INF PLT BTL CSE	F17894
17897	IN PLT BTL AUTO	F17894

b. Please make the following changes to the category_code to facility category group changes

CATCD	DESCRIPTION	FAC_CAT_GRP
17894	INF SQ BTL CSE	F17894
17895	IN SQ BTL AUTO	F17894
17896	INF PLT BTL CSE	F17896
17897	IN PLT BTL AUTO	F17896

12. AFFECT ON USER (If additional space is needed, use Item 15, Remarks).

IFS and interfacing systems will not be compliant with DA Pam 415-28.

NOTE: This change will impact installation FPLANS, ISR and HQEIS

13. RECOMMENDED SOLUTION/JUSTIFICATION (If additional space is needed, use Item 15, Remarks.)
Compliance with DA Pam 415-28

14. DATE (YYMMDD)	NAME AND TITLE OF SUBMITTING AUTHORITY	SIGNATURE
08/10/04	Jeanette M. Duncan OACSIM, Chief, Program Integration Office	

DA FORM 5005-R, Nov 81 REPLACES DA FORM 4157-R, 1 FEB 76, WHICH IS OBSOLETE.

Previously Submitted March 2004

15. REMARKS *(If additional space is needed, use separate sheet of paper.)*

USER MACOM ACTION *(ECP-S Only)*

16. MACOM *(Check One and Include any Comments)*
___ APPPROVE
___ DISAPPROVE

17. DATE (YYMMDD)	NAME AND TITLE	SIGNATURE

ASSIGNED RESPONSIBLE AGENCY *(ARA) (Problem Report Only)*

18. PROBLEM REPORT ACTION TAKEN *(Check One)*
___ RESOLVED BY CUSTOMER ASSISTANCE
___ IDENTIFIED AS URGENT OR ROUTINE
___ EMERGENCY ECP FORMALIZED
___ DUPLICATE OF EXISTING ECP: NO. _____
___ CANCELLED BY ORIGINATOR
___ CANCELLED FOR INSUFFICIENT IDENTIFICATION
___ CANCELLED FOR INSUFFICIENT DOCUMENTATION

19. DATE (YYMMDD)	NAME AND TITLE	SIGNATURE

PROPONENT AGENCY *(PA) and/or* **ASSIGNED RESPONSIBLE AGENCY** *(ARA) (ECP-S Only)*

20. CLASS OF ECP *(Check One)*	21. JUSTIFICATION CODE	22. ECP NUMBER
___ I ___ II		

23. ECP TYPE *(Check One)*
___ PRELIMINARY ___ FORMAL

24. ESTIMATED COSTS/SAVINGS

25. OTHER SYSTEM/CI AFFECTED

26. CHANGE IDENTIFICATION *(Check One in Each Column)*
X FUNCTIONAL/ALLOCATED
___ TECHNICAL/PRODUCT
___ MAJOR
X MINOR
X MAINTENANCE
___ MODIFICATION

27. PROJECTED IMPLEMENTATION
4th Qtr FY 2004

28. APPROVAL AUTHORITY *(Check Agency and Action Taken)*
X PA ___ ARA X APPROVED ___ DISAPPROVED

29. DATE (YYMMDD	NAME AND TITLE	SIGNATURE
040811	Kendrick W. Ralph Jr.	