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- 513

4. POINT OF CONTACT (Name and Telephone No): Julie Jones 703 692-9223

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

6. APPLICATION CI BASELINE/VERSION:

7. EXECUTIVE SW BASELINE/VERSION:

8. PROBLEM DATE (YYMMDD): 040416

9. JOB/CYCLE/PROGRAM ID:

10. TITLE OF PROBLEM/CHANGE
FCG and rpf_category updates needed

11. DESCRIPTION OF PROBLEM/CHANGE
For your information, the RPLANS changes will be reflected in the next HQRPLANS update to be released during the week of 7 June and in the next Region/Installation RPLANS updates to be released during the week of 12 July

1. Change Fac_cat_grp on rpf_category to what is shown.

FAC CATEG	CatCd Desc	UM1	UM2	TYPE	From FCG	To: FCG
21881	ABN EQ/PARA REP	SF		B	F21800	F21881
21840	RR EQ/EN MAINT	SF		B	F21800	F21840

2. Add the following FCG's to the FCG table:

1st FCG:
FCG F21881
FCG_DESC ABN EQ/PARA REP
FCG_UM SF
FCG_INACTIVE_IND A
FCG_UM1 SF
FCG_UM2
FCG_INACTIVE_DATE
FCG_CHG_DATE 16-Apr-2004
PARTNO Part 1
IFS_FCG F21881 (this is internal to HQEIS only)

2nd FCG
FCG F21840
FCG_DESC RR EQ/EN MAINT
FCG_UM SF
FCG_INACTIVE_IND A
FCG_UM1 SF
FCG_UM2
FCG_INACTIVE_DATE
FCG_CHG_DATE 16-Apr-2004
PARTNO Part 1
IFS_FCG F21840 (this is internal to HQEIS only)

12. AFFECT ON USER (If additional space is needed, use Item 15, Remarks).
Without change user will get the wrong answer when running FCG queries within IFS.

13. RECOMMENDED SOLUTION/JUSTIFICATION (If additional space is needed, use Item 15, Remarks)
Compliance with HQRPLANS, Installation RPLANS, ISR, and OSD FAD System.

14. DATE (YYMMDD)	NAME AND TITLE OF SUBMITTING AUTHORITY	SIGNATURE
040416	Julie Jones	

DA FORM 5005-R, Nov 81 REPLACES DA FORM 4157-R, 1 FEB 76, WHICH IS OBSOLETE.

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)* ___ I ___ II	21. JUSTIFICATION CODE	22. ECP NUMBER

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 ___ APPROVED ___ DISAPPROVED

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