

*Cover/Signature Page Format for ACAT IAM, IAC, ID,
IC, II, III, IV and AAP CCA Confirmation*

**Clinger-Cohen Act (CCA) Confirmation and IA Strategy Approval
for
Program Name
ACAT (fill in)**

For Milestone (fill in) and/or Contract Award(s) (describe or list contract number(s))

We the undersigned agree that the information contained in this CCA Compliance Table and/or IA strategy demonstrate(s) compliance with Clinger-Cohen Act (CCA) of 1996 (40 U.S.C. 1401 et seq.)

Prepared By:

Program Manager: _____

Date: _____

CONCURRENCE:

SYSCOM CDR or Command IO (if applicable): _____

Date: _____

PEO (if applicable): _____

Date: _____

APPROVAL:

DASN (C4I and Space): _____

Date: _____

DON CIO: _____

Date: _____