

ACAT Determination Request Form

Date _____

If you have any questions about completing this form, please contact the AEB Secretariat at colleen.gutrick@faa.gov

Investment Name (approved by FEAB and as appears in the CIT) _____

AMS Lifecycle Phase _____

Point of Contact _____ **Routing Code** _____ **Phone** _____

Description		
Which Enterprise Architecture segment will this investment be governed under?		
<input type="radio"/> NAS	<input type="radio"/> Mission Support	<input type="radio"/> Not in EA

Does the initiative meet any of the following criteria?

- | | | |
|---|---------------------------|--------------------------|
| FAA Enterprise - wide impact | <input type="radio"/> Yes | <input type="radio"/> No |
| Critical to NAS functions or services | <input type="radio"/> Yes | <input type="radio"/> No |
| Critical to mission support functions or services | <input type="radio"/> Yes | <input type="radio"/> No |
| Significant impact on one or more FAA lines of business | <input type="radio"/> Yes | <input type="radio"/> No |

Key Designation Criteria Impact Ratings					
Criteria	Low	Low/Medium	Medium	Medium/High	High
Complexity					
Risk					
Political Sensitivity					
Safety					
Security					
Estimated Cost					

Estimated Cost			
Single Year F&E _____	Total Lifecycle F&E _____		
Total Ops Funding _____	Years of Lifecycle Support in Total Ops? _____		

Briefly explain source of cost estimate below
(if needed, use the provided area at the end of the form for any additional explanation):

