

Figure C9.F2. LOA Manpower and Travel Data Sheet (MTDS)

**A. Personnel:**

| Position/<br>Function | Grade/Rank/<br>Contractor | Organization | Line Item on<br>LOA | Work Years<br>of Effort | Duration<br>(From/To) | Total Cost | Corresponding Table<br>C9.T2. Row # |
|-----------------------|---------------------------|--------------|---------------------|-------------------------|-----------------------|------------|-------------------------------------|
|                       |                           |              |                     |                         |                       |            |                                     |
|                       |                           |              |                     |                         |                       |            |                                     |
|                       |                           |              |                     |                         |                       |            |                                     |
|                       |                           |              |                     |                         |                       |            |                                     |
|                       |                           |              |                     |                         |                       |            |                                     |
| <b>Total:</b>         |                           |              |                     |                         |                       |            |                                     |

**B. Travel:**

| Purpose of<br>Trip | CONUS or<br>In-Country | Line Item on<br>LOA | Number of<br>Trips | Duration of Each<br>Trip | Number of People<br>Each Trip | Total Cost | Corresponding Table<br>C9.T2. Row # |
|--------------------|------------------------|---------------------|--------------------|--------------------------|-------------------------------|------------|-------------------------------------|
|                    |                        |                     |                    |                          |                               |            |                                     |
|                    |                        |                     |                    |                          |                               |            |                                     |
|                    |                        |                     |                    |                          |                               |            |                                     |
|                    |                        |                     |                    |                          |                               |            |                                     |
|                    |                        |                     |                    |                          |                               |            |                                     |
| <b>Total:</b>      |                        |                     |                    |                          |                               |            |                                     |

**C. Personnel Support Costs:** (i.e., office space, equipment, furniture, communications, supplies, etc.)

| Type of Support | Total Cost | Corresponding Table<br>C9.T2. Row # |
|-----------------|------------|-------------------------------------|
|                 |            |                                     |
|                 |            |                                     |
|                 |            |                                     |
|                 |            |                                     |
|                 |            |                                     |
| <b>Total:</b>   |            |                                     |

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**D. Narrative Description:**

(Use this section to describe the life of any services lines and any Program Management Lines (PMLs) in relation to the delivery schedule of the item(s). Provide the number of months of program management support beyond final delivery (not to exceed 6 months) and supporting information. [NOTE: Cases “accepted” on or after August 1, 2006 will not include PML requirements. Existing PMLs (on cases “accepted” prior to August 1, 2006) may continue until fully executed and will continue to be reported using this data sheet.] Clearly define for each of these line items exactly what support beyond the “Standard Level of Service” is required. This information must also be included in the LOA line item description notes and must be unique/tailored for each individual case.)

**E. Additional Comments:**

**F. Point of Contact for Further Information Regarding Manpower on this Case:**

|       |  |  |  |
|-------|--|--|--|
| Name  |  |  |  |
| Email |  |  |  |
| Phone |  |  |  |
| Fax   |  |  |  |